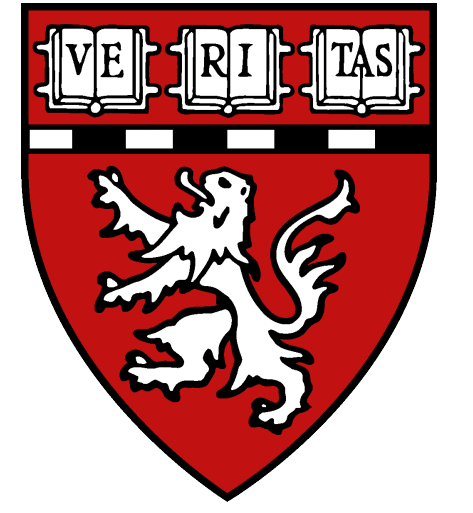


For Homeless Persons with Serious Mental Illness, Can a State Department of Mental Health Transitional Shelter Mitigate Common Housing Consequences of Structural Racism?



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Aim

The objective of this study was to examine the role of race, sex, history of arrest, and psychiatric diagnoses including substance use disorders in the duration of homeless tenure in Massachusetts DMH transitional shelters in Boston, as well as their impact on initial disposition upon shelter discharge and current housing status.

Background

- Black individuals are disproportionately represented in homeless populations (current estimates near 40%)¹ and structural factors are often invoked to explain this overrepresentation relative to the general population
- The factors associated with duration of homelessness, and the factors associated with exit from homelessness, particularly in persons with serious mental illness (SMI), have been minimally studied, and the possible correlations with race even less so
- Better defining the factors contributing to entry into and out of homelessness, and duration of time in transitional shelters, will potentially highlight unrecognized service needs and allow for the development of more targeted treatment interventions and integrated systems of care.

Methods

We performed a retrospective chart review of DMH records of individuals who were admitted between January 1, 2013 and December 31, 2015 to the three DMH homeless shelters in the Greater Boston area— the Erich Lindemann Mental Health Center (ELMHC), Bayview Inn, and Fenwood Inn, 140 beds in total.

Variables extracted:

- Age on admission
- Sex (assigned)
- Primary race (patient reported)
- Psychiatric diagnoses
- Guardian or Rep Payee (y/n)
- Shelter name
- Shelter admission date
- Shelter discharge date
- Disposition (following shelter stay)
- Current housing status (December, 2018)
- History of arrest

Primary Outcomes:

- effect of race on length of stay in the DMH shelter, disposition following the shelter stay, and current housing status.

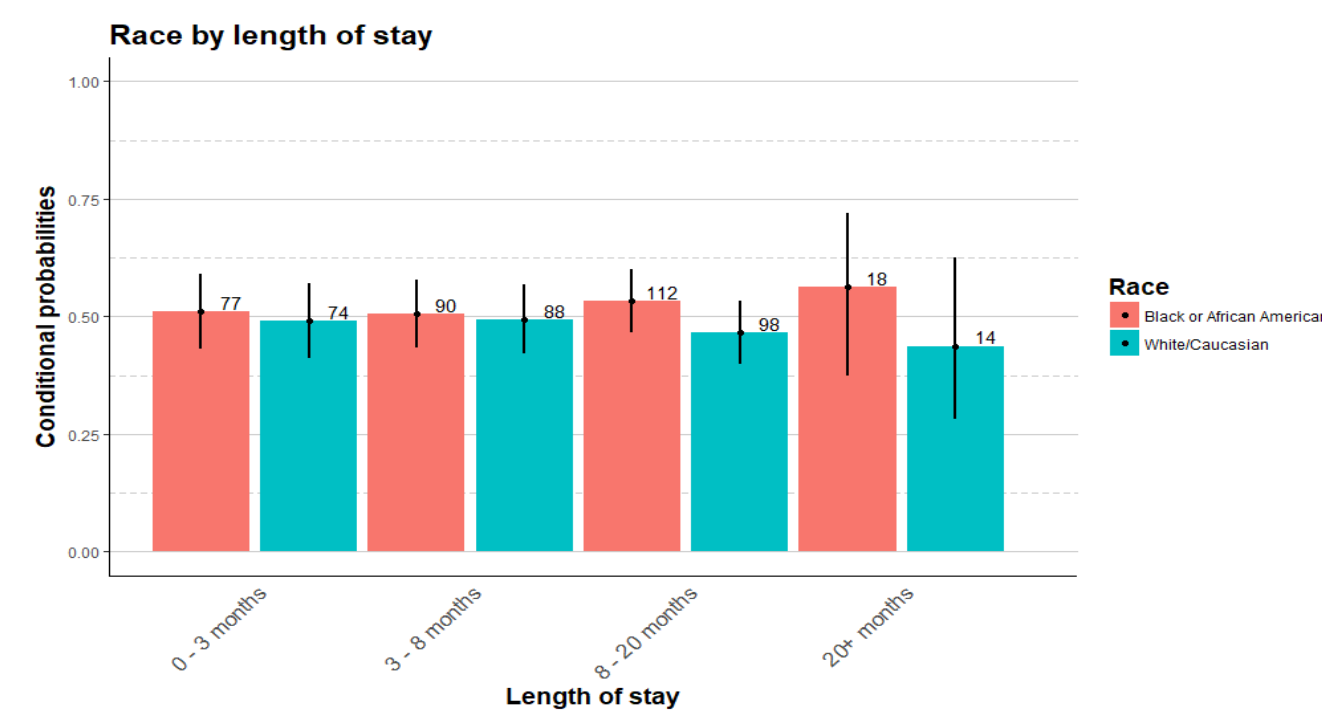
Demographics

Variable	Black	White
Gender		
F	89 (14%)	99 (15%)
M	208 (32%)	175 (27%)
Age	39.8 (13.1, 19 - 81)	42.8 (14, 19 - 82)
Race		
Asian		
Black or African American		
Other		
Unknown		
White/Caucasian		
Ethnicity		
Hispanic	27 (4%)	53 (8%)
Has an arrest record		
Yes	49 (8%)	37 (6%)
Substance-related disorders		
Yes	92 (14%)	89 (14%)
Psychotic disorders		
Yes	212 (33%)	144 (22%)
Bipolar disorder		
Yes	48 (7%)	57 (9%)
Major depression mood disorder		
Yes	21 (3%)	43 (7%)
PTSD		
Yes	39 (6%)	37 (6%)
Other mental disorders		
Yes	21 (3%)	19 (3%)
Non-mental illness/issue		
Yes	25 (4%)	46 (7%)
Length of stay	262.3 (257.7, 1 - 1886)	243.6 (211.6, 1 - 1477)

Statistics: Counts (Percentage of column total) for categorical; Mean (Standard deviation, min - max) for continuous.

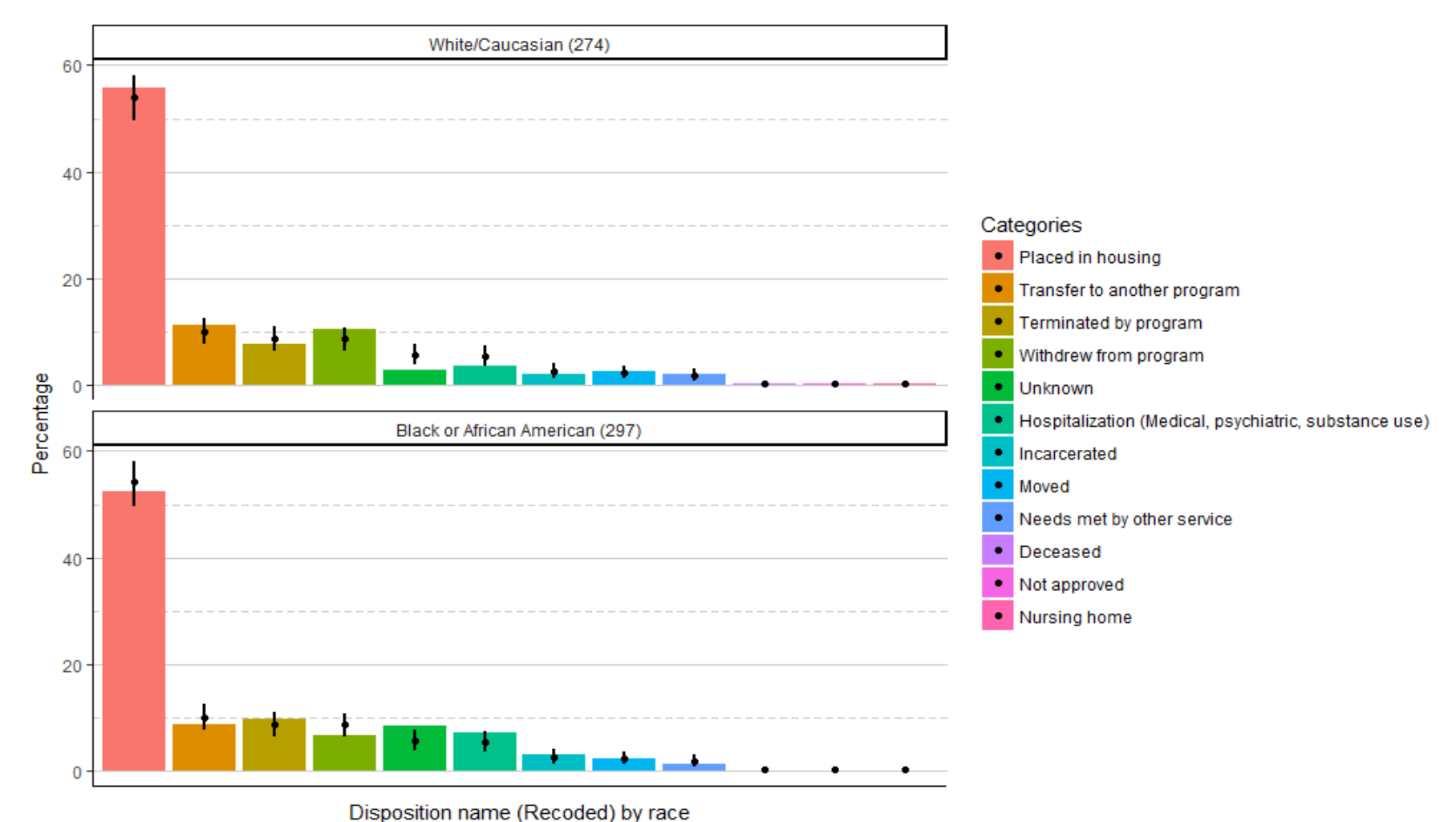
Results

Length of stay:



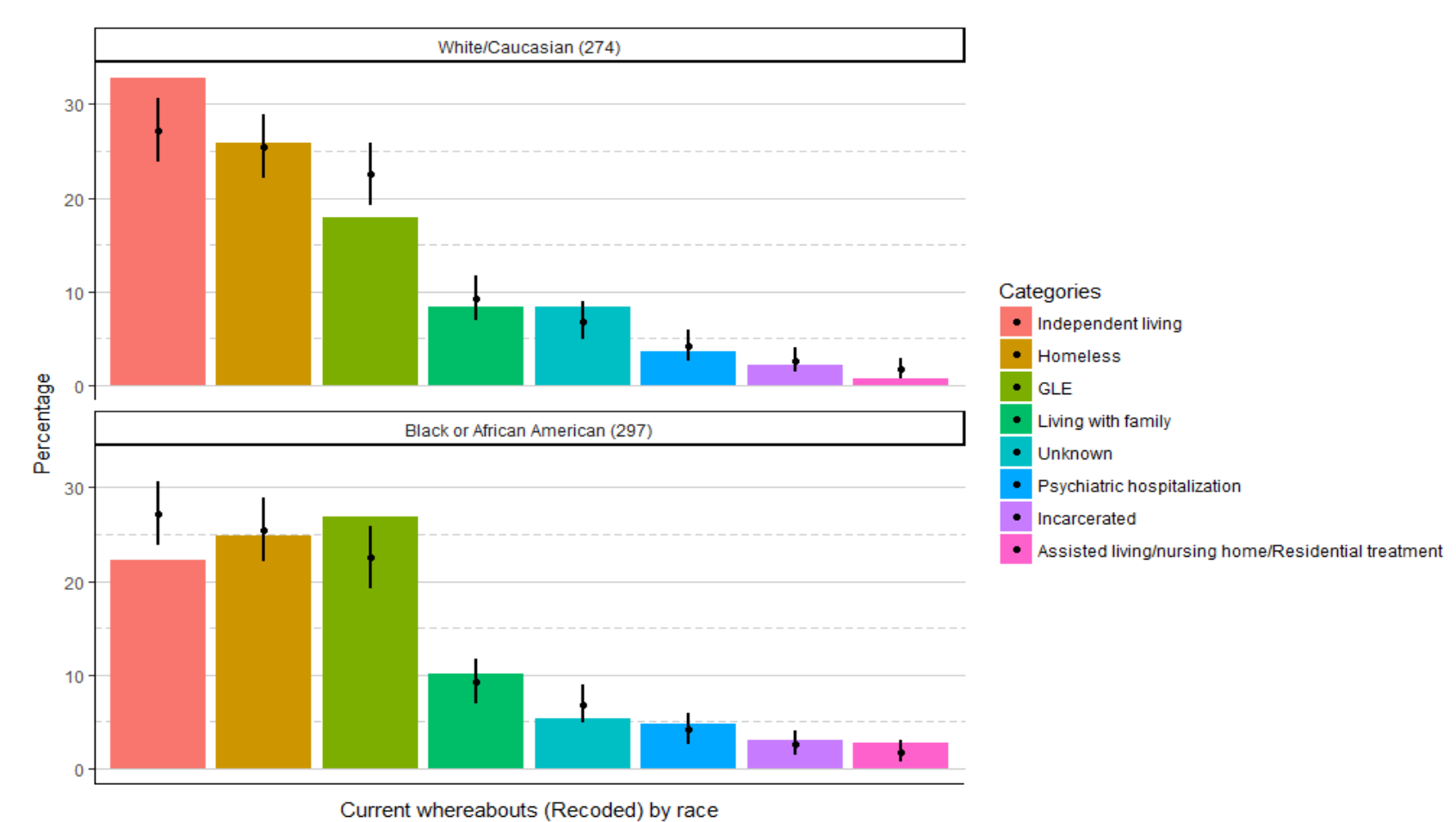
- Mean length of stay was 255.8 days (SD=236.6, range 1-1886)

Initial disposition:



- 54% of individuals (n=349) were housed immediately following their stay in the transitional shelter

Current housing status:



- 61% percent of clients (n=395) queried during the study period were housed (as of December 2018) in independent living, group living, or with family

Conclusions

- **Encouragingly, there was no difference in length of stay, initial disposition, or current housing status by race for clients served, indicating that though black individuals are at greater risk in their entry to homelessness, their exit from DMH shelter stay was unaffected by race.**
- Consistent with overrepresentation of black individuals in homeless populations, the clients served in the three Metro Boston DMH transitional shelters were 46% Black and 43% White. In contrast, the Boston census notes the 2017 population to be 25.3% Black and 52.8% White (U.S. Census Bureau, 2017)
- Consistent with prior reports,³ black clients in our population were significantly more likely to be assigned a psychotic disorder diagnosis and white clients were more likely to be assigned a diagnosis of major depressive disorder.

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