



Housing for Persons with a Serious and Persistent Mental Illness

for the

Toward Better Mental Health in Minnesota: A Community Approach Initiative

Housing ranks as a priority concern of individuals with serious and persistent mental illness in Minnesota. Individuals strongly desire their own decent living quarters where they have control over who lives with them and how decisions are made (Surgeon General Report, 1999). Greater emphasis has been placed on conventional housing supplemented by appropriate assistance tailored to individual need (Surgeon General Report, 1999). This concept, called supported housing, moves people away from “placing clients,” grouping clients by disability, staff monopolizing decision making, and use of transitional settings and standardized levels of service (Carling, 1989). Supported housing focuses on consumers having permanent housing that is integrated socially, is self-chosen, and encourages empowerment and skills development.

From surveys of individuals with serious mental illness, it is clear that consumers *want*:

- ◆ to live independently in a house or apartment;
- ◆ to live alone (or with a spouse or partner);
- ◆ not to live with other people with mental disorders; and
- ◆ to have access to mental health and rehabilitation services to support where they want to live. (Tanzman, 1993)

Locating decent, affordable, safe housing in Minnesota is often difficult and out of the financial reach of most persons with a serious and persistent mental illness. Providers have not been able to modify their services to allow for more individualized, flexible, and responsive services to meet the changing needs of consumers. For providers, it is often easier to build, find and place clients in congregate living situations such as board and lodging facilities.

Why is this issue important?

In 1998, the Minnesota legislature added a housing mission to the Comprehensive Mental Health Act. The Mental Health Housing Mission (Statute 245.461, Subdivision 4) is:

The commissioner shall ensure that housing services provided as part of a comprehensive mental health service system:

- 1) allow all persons with mental illness to live in stable, affordable housing, in settings that maximize community integration and opportunities for acceptance;
- 2) allow persons with mental illness to actively participate in the selection of their housing from those living environments available to the general public; and

- 3) provide necessary support regardless of where persons with mental illness choose to live.

What is the extent of the problem?

The actual proportion of people with a serious and mental illness in Minnesota who lack affordable and decent housing has not been assessed. Indirect assessments point to a serious problem.

The problem exists in both the Metropolitan and Greater Minnesota areas. The Office of the Legislative Auidtors, January 2001 Program Evaluation Report, Affordable Housing, stated, “In the Twin Cities, lower-income households face a difficult rental market, with average apartment rent up 34 percent in the last decade but median renter income up only 9 percent. In addition, the current vacancy rate is unusually low at 1.5 percent. A new two-bedroom apartment rents for at least \$950 a month.” Today, a person with a serious and persistent mental illness on Supplemental Security Income (SSI) will minimally receive \$593. In the Twin Cities, the average rents for a studio range from \$478.30 (northern suburbs) to \$575.97 (southern suburbs).

Source: Apartment Search Profiles report for the seven-county metro area

Without a rent subsidy, an individual receiving SSI benefits would have to pay between 80 and 97 percent of their income for a studio apartment. That leaves little available funds for food, utilities or other basic necessities.

Stigma and discrimination also restrict consumer access to housing. Landlords and public housing programs are often unwilling to accept tenants who have a mental illness. Persons who go into inpatient treatment have often lost their current housing because the treatment facility takes the income they have to pay their housing costs. Many people on the Section 8 waiting list who have a serious and persistent mental illness can not be found when their name comes to the top of the list, which could take up to six years. This often results in unnecessary longer stays in more restrictive settings or substandard housing and homelessness.

The 1997 Wilder Research Center's Minnesota Statewide Survey of Persons Without Permanent Shelter found approximately one-third of the homeless people surveyed had some kind of mental illness. Fifty percent of the homeless respondents with a mental illness have stayed in an abusive living situation because of a lack of housing.

Social service programs often have difficulty in providing housing support due to limited staff and fiscal resources. This can result in placement in more restrictive settings.

What are the potential strategies to deal with the problem?

- 1) More affordable housing is needed. According to the Minnesota Housing Finance Agency, there is a shortage of 11,500 units of affordable housing in the metropolitan area and a need for approximately that much in the Greater Minnesota area. Just to keep up with the drastic need, the Metropolitan area needs to produce 4,000 to 4,500 units and Greater Minnesota 3,500 to 4,000 units. This does not include the number of units that are lost through yearly demolition. Currently, there are only a couple of thousand units being created each year. Clearly, finding ways to produce an additional 4,000 to 4,500 units per year is needed. It will be important to partner with housing developers to accomplish this large task.
- 2) The Bridges program is a temporary, modified Section 8 program that assists persons who have a serious and persistent mental illness who are on a waiting list for Section 8. This program serves 53 of the 87 counties. There is a need to extend the program to serve the other 34 counties. Crisis Housing Assistance is a state funded program to retain housing for persons who require up to 90 days of hospitalization and has no other source of income. This program has been growing steadily in the past five years and has served over 900 individuals. Data indicate that this program has been a factor in reducing lengths of hospital stays (DHS Mental Health Division survey).

- 3) More flexible supports are needed. Although housing support services are provided by community support service staff and case managers, the lack of available staff and adequate funding limits the intensity of these services. Given the cyclical nature of mental illness, there is a need for individualized and flexible services.

Conclusion

The vast majority of consumers want to live in the community. The housing shortage is a major issue for persons with very limited income as well as the stigma and reluctance of some communities to accept persons with mental illness into their community. In addition, a range of housing options is needed to allow consumers greater choice.

Greater attention and resources need to be dedicated to enhancing the support services to assist persons who have a mental illness maintain independent housing.

References

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National Multi Housing Council. Website: www.nmhc.org

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