

Strengthen Mental Health in Family Shelter

Clinical services for long-term stability

SUMMARY: Provide Enhanced Mental Health Supports in Family Shelter

Estimated cost of mental health care in family shelters: \$40 million/year.¹

Untreated trauma, mental health needs, and substance use disorders destabilize families and contribute to homelessness.² The time a family spends in shelter is an opportunity to eliminate barriers to mental health care by uncovering needs, destigmatizing them, and initiating treatment. To truly support family success in their journey toward wellness and permanent housing, family shelters need clinical resources. DHS should be directed to fund one clinician per 50 families to provide at least the following services on-site:

- Diagnosis of mental illness
- Initiation into treatment
- Follow-up and coordination of clinical treatment plans
- Refills of medication prescriptions
- On-site psychotherapy

THE PROBLEM

Families experiencing homelessness must overcome a range of mental health challenges as they work toward permanent housing. Families are dealing with issues that can range from unhealthy coping behaviors and substance use borne of trauma, post-traumatic stress disorders, mild situational depression, to severe anxiety disorders and psychiatric conditions at higher rates than the general population.³ Not surprisingly, unmet needs can erupt into crisis incidents; in the first six months of this fiscal year, ten incidents in Win shelters necessitated psychiatric hospitalizations.

Far too often, the mental health of families goes overlooked or untreated, even in shelters. The stigma sometimes assigned to mental illness is a barrier that prevents many from seeking care or acknowledging their own mental health. And for extremely low-income families who are exploring or seeking mental health services or help with substance use, lack of an entry point to treatment or not knowing where to start, and a lack of access to the professionals who can diagnose and treat illnesses, are barriers to accessing needed services.

Providing these services on-site from trusted members of the shelter team reduces barriers and provides real access to psychotherapy and other treatment and supports for the year, on average, that a family spends in shelter. That year can make a lasting difference in the lives of families, including children and youth. Tragically, this opportunity is being squandered because family shelters do not have the dedicated, clinical resources needed.

New York City introduced social workers into family shelters in 2016. But even with this valuable resource, family shelters cannot provide the crux of mental health care: psychotherapy and medication. The funding amount and social work staffing pattern provided by the Department of Social Services allows for specialized assessment, referral, and brief counseling. But staffing levels and DSS directives preclude social workers in family shelters from providing therapy.

The City Council can help address the unmet mental health needs of homeless families by funding and passing legislation directing the Department of Homeless Services to fund clinical mental health services in all family shelters.

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Clinical services for long-term stability (continued)

THE SOLUTION

To provide healing and treatment that will support long-term housing stability for families, New York City must increase the availability of clinical services in family shelters. The City Council can accomplish this by passing legislation that requires DHS to provide clinical resources in all family shelters.

Clinicians (such as psychiatrists, psychologist, psychiatric nurse practitioners, and/or licensed clinical social workers) would work with families to destigmatize and shine a light on mental health challenges and treatment, initiate those in need into psychotherapy and other interventions, and provide care for families, children, and youth while they are in shelter. Clinicians would fill the gaps in clinical mental health services currently available in family shelter by:

- Initiating and providing regular counseling and psychotherapy as part of a service plan for families in shelter;
- Refilling medications on-site, as necessary and appropriate;
- Following up on and overseeing treatment plans for diagnosed mental illnesses and substance use disorders;
- Offering walk-in counseling and therapy for clients who are exploring, learning about, and taking the first steps toward receiving regular mental health care; and,
- Facilitating psychotherapy groups.

We estimate that the equivalent of one, full-time clinician is needed on-site for every 50 families that a family shelter serves. This staffing level would allow each clinician to provide more comprehensive, on-going services (regular follow-up and check-ins, therapy, and medication refills) for a caseload of an estimated ten to fifteen clients who are diagnosed for specialized, intensive clinical supports for mental health or substance use needs. Each clinician would also provide enough walk-in hours to serve another ten to fifteen clients who are exploring and learning about therapy, but have not begun regular treatment. At the same time, the clinicians will provide needed support to existing social workers, including running psychotherapy groups and intervening and de-escalating crises.

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1. Cost estimate based on shelter occupancy in fiscal year 2021. An increase in the number of families in shelter would necessitate an increase in services and funding.
 2. Chambers, C, et al. (2013) Factors Associated with Poor Mental Health Status Among Homeless Women With and Without Dependent Children. *Community Ment Health J.* 2014 Jul; 50(5): 553-559. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3883929/>.
 3. See, for example: Zabkiewicz DM, Patterson M, Wright A. A cross-sectional examination of the mental health of homeless mothers. *BMJ Open* 2014;4:e006174. doi: 10.1136/bmjopen-2014-006174.