Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental illness: a review

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CRD summary
This review concluded that housing interventions were of benefit to homeless people with severe and persistent mental illness, but more research was required on those with existing but precarious or inappropriate housing. Due to the lack of validity assessment and poor reporting of the review, it is difficult to determine the reliability of the authors’ conclusions.

Authors' objectives
To investigate the relationship between housing-related variables and health-related variables in people with severe and persistent mental illness (SPMI).

Searching
PubMed, PsycINFO, CINAHL, HealthSTAR, Allied and Complementary Medicine, Social Sciences Citation Index, Social Sciences Abstracts, Sociological Abstracts and Social Work Abstracts were searched for articles published since 1980. Search terms were reported, but search dates were not.

Study selection
Eligible studies examined the effect of housing-related independent variables on health-related variables – including healthcare utilisation, health status and quality of life – in adults aged 18 to 64 years with SPMI. Studies reporting only qualitative data were excluded from the review, but no other criteria for study design were reported. Participants in included studies were predominantly schizophrenic. A high proportion of participants were substance abusers. The majority of participants were male. Homeless and non-homeless individuals were represented. Where reported, mean or median ages ranged from 36 to 58 years. A range of different types of sheltered and supportive housing were evaluated. The authors stated neither how the papers were selected for the review nor how many reviewers performed the selection.

Assessment of study quality
The authors reported that they assessed the strength of evidence provided by included studies, but did not report carrying out a full validity assessment.

Data extraction
The authors stated neither how the data were extracted for the review nor how many reviewers performed the data extraction.

Methods of synthesis
The studies were combined in a narrative synthesis grouped by the outcome reported.

Results of the review
Twenty-nine studies were included in the review (n = 30,427): four RCTs (n = 231); 13 prospective cohort studies (n = 2,610); two retrospective cohorts (20,335); four quasi-experimental studies (n = 3,533); and six cross-sectional studies (n = 3,718).

Healthcare utilisation (14 studies including two RCTs): the evidence base for housing interventions for individuals with SPMI who were identified as homeless at hospital admission was considered good. One RCT and one cohort study with matched control group found that housing placements were associated with reduced hospital admissions and fewer days of hospitalisation than control conditions.

The evidence base for the effectiveness of housing interventions for individuals with SPMI who were not identified as homeless was considered weak, although three prospective cohort studies reported fewer mean days of hospitalisation...
in the year following a housing intervention than in the previous year, while two other cohort studies found stable or affordable housing significantly reduced length of hospitalisations although number of hospitalisations was not affected.

Mental status outcomes (12 studies, including one RCT): the single RCT found that there was no difference in levels of psychiatric symptoms between a group whose housing placement required psychiatric treatment compliance and sobriety, and one without such contingency. Other studies suggested that the duration rather than the nature of housing provision may be the key determinant of mental health effects.

Quality of life (nine studies, including one RCT): the single RCT compared group homes with independent apartments and found that total neuropsychological functioning improved in both groups but that executive function sub scores decreased significantly in participants housed in independent apartments, while quality of life outcomes were not affected by the intervention in either group.

Cost information
One cohort study found 95 per cent of housing costs were offset by service reductions attributable to housing placements.

Authors’ conclusions
There is good evidence that housing interventions benefit the homeless population of individuals with SPMI, but more research is required to examine their effectiveness for those who have existing but precarious or inappropriate housing.

CRD commentary
The review question and the inclusion criteria were clearly if broadly defined. The authors searched a number of relevant databases, including databases of abstracts, although they did not specifically report searching for unpublished studies. The authors did not report using methods designed to reduce reviewer bias and error at any stage of the review process, nor did they report carrying out a validity assessment beyond assignment to a level of evidence. The decision to carry out a narrative synthesis was clearly appropriate in view of the level of clinical and methodological heterogeneity between the studies. The lack of a true validity assessment and the poor reporting of the review methodology and outcomes meant that it was difficult to determine the reliability of the authors’ conclusions.

Implications of the review for practice and research
Practice: the authors stated that ensuring a person is adequately housed on hospital discharge should be a priority; permanent housing which provided an unlimited length of stay was recommended.

Research: the authors stated that more research was required to examine the effectiveness of housing interventions for those who have existing but precarious or inappropriate housing.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.