Living at Haven supports residents' wellbeing and reduces the need for hospitalisation

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Being able to choose housing that is suited to preferences and needs is a fundamental human right. Evidence suggests high quality supported housing that encourages community integration is key for satisfaction and effectiveness, reduced healthcare costs and increased wellbeing for people living with mental health challenges. The Haven Foundation provides purpose-built accommodation with on-site support for residents living with long term mental health challenges. Haven residences provide safe, secure and long-term housing in a setting where residents have their own separate and fully self-contained apartments with communal living areas that residents can use if they choose.

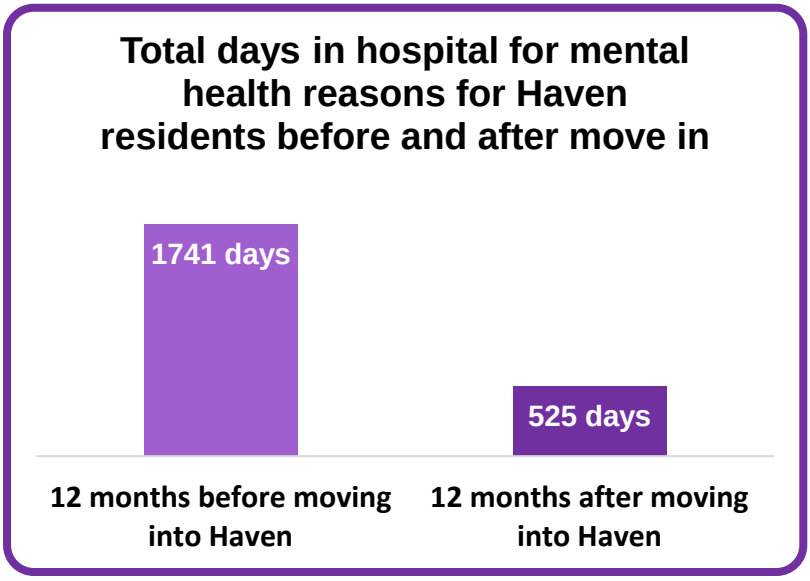
Haven housing with support

Haven provides a strong recovery focus and is delivered by peer and non-clinical mental health practitioners. Residents prepare their own meals and undertake home care tasks in their own apartment, where independence is enhanced through goal setting and support for skill building. Social engagement occurs with other residents and families which provides the springboard to wider community connection. Communal meals and house meetings are held regularly to build a supportive milieu and choice and control remain paramount. Previous research suggests that supported housing can reduce the need for intensive supports such as inpatient care.

Reduction in hospitalisation

We looked at days in hospital for a mental health reason, in the year before moving in to a Haven compared to the first year after move in. Total days in hospital for mental health reasons was 1741 days for the 12 months before move in and 525 days for 12 months after move in for all residents. This is an average of 17 days in hospital per resident for the 12 months before move in and 5 days in the 12 months after move in.

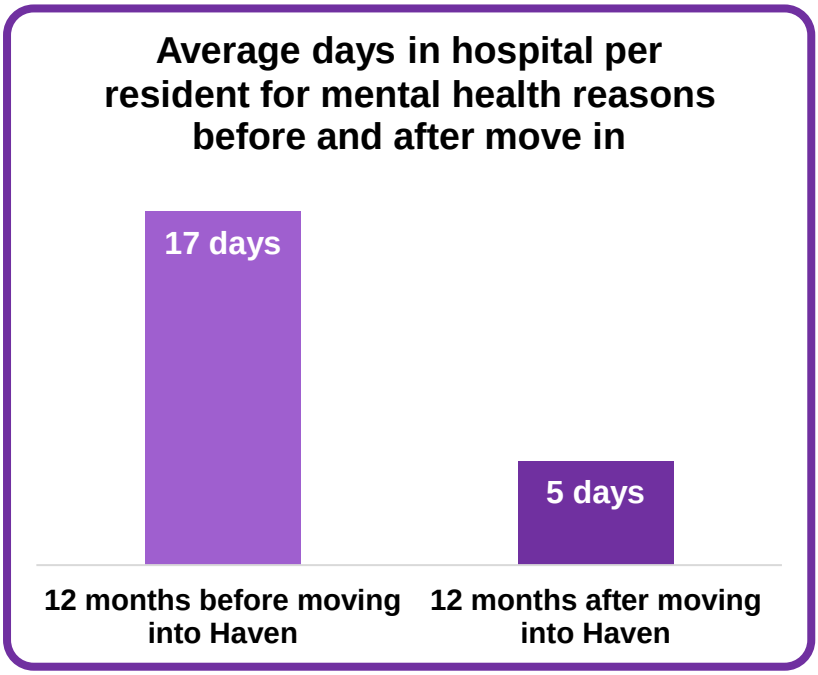
This is a 70% reduction in days in hospital. This is a true mirror design with data 12 months before and 12 months after move in.



How this result aligns with previous research

Our research findings match the results of many other studies which shows people with significant mental health challenges in supported housing have positive outcomes such as:

- A US study involving 74 residents from nine randomly selected sites providing small-scale residential support reported that hospitalisation reduced from 47.7 (SD = 103.0) to 5.3 (SD = 17.0) days from the year before to the first year of supported housing ($t = 3.67$, $df = 73$, $p < 0.001$) with no comparison group (Hanrahan, Luchins, Savage, & Goldman, 2001)



- A US evaluation of n=627 residents showed hospitalisations reduced from 9.8 (SD = 26.7) to 5.5 (SD = 19.7) days (Z = 3.554, p <0.001, Cohen's d = -32) when recovery care was initiated in residential settings (Malinovsky et al., 2013)
- A systematic review of single cohort pre-post studies (n=29 studies) showed a 90-99% reduction in hospitalisation after stable housing was facilitated (Kyle & Dunn, 2008)
- An evaluation of a supported housing program in Australia (n=14), showed that in the 12 months prior to moving in to supported accommodation, three residents had been hospitalised for a total of 14 hospitalisations, and 622 total days of care. In the 12 months post move-in, only 2 residents had one hospitalisation each, and total days of care were 53 (Lee, Giling, Kulur, & Duff, 2013).
- A Swiss retrospective mirror-image analysis of medical records (n=144) showed significant reduction in the incidence of psychiatric hospitalisation (68 to 28, IRR 0.41, 95% CI 0.27 to 0.64) and days hospitalised (2113 to 802, IRR0.38, 95% CI 0.35 to 0.41) (Adamus, Zürcher, & Richter, 2022)
- A comprehensive epidemiological analysis of registry data in Denmark (n=5772) showed that the mean number of bed days among residents the first year after moving into supported accommodation was 26.9 days, while the mean number of days for controls was 101.6 in a group predominantly diagnosed with schizophrenia (Nordentoft, Pedersen, Pedersen, Blinkenberg, & Mortensen, 2012).

Together, these studies suggest that access to supported housing reduces hospitalisation duration, with a flow-on reduction in the cost associated with caring for people living with significant mental health challenges.

However, research quality has been limited, with almost no randomised controlled trials conducted due to the ethical challenges of providing a support as profound as housing to 50% of participants only (Chilvers, Macdonald, & Hayes, 2006; Killaspy & Priebe, 2021; McPherson, Krotofil, & Killaspy, 2018a). Other challenges include accounting for confounds in a quasi-experimental setting (Adamus et al., 2022) and the varying mix of clinical and psychosocial supports that may lead to heterogenous impacts (McPherson, Krotofil, & Killaspy, 2018b). Therefore, alternative study design methods such as "mirror" or "observational" designs such as presented here, (where a participant provides their own "control" condition) and clearly specified models of care, are warranted.

Our methods

We used a mirror-image analysis of the hospitalisations for residents living in supported housing. We compared the duration of hospitalisations at two time periods: (1) in the 12 months before moving into supported housing and (2) the 12-month period after move-in. Study participants were thus their own "control" group (Adamus et al., 2022).

This analysis covers clients who moved into a Haven residence between July 2021 and December 2023 using data collected until Dec 2024. These are clients for whom we have pre-move in hospitalisation data and post move hospitalisation for 12 months or more.

We analysed data for 103 clients for this analysis. 192 clients have been a resident at Haven until December 2024. Residents who did not consent for their data to be used in research were not included in this analysis (n=18). Clients who moved into Haven before July 2021 (n=25) or after December 2023 (n=46) were not in scope because we do not have pre-move in data or 12 months of post move in data respectively. A total of 103 clients met all criteria for this analysis and were included.

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