

FEBRUARY 2026

HEALING HANDS



Innovative Approaches for Mental Health Care and Homelessness

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Healing Hands is a publication of the HCH Clinicians' Network, a membership network of the National Health Care for the Homeless Council. nhchc.org



Cover photo courtesy of Lisette Carmona

CONTENTS

Section I

Introduction

Section II

Understanding Key Barriers to Behavioral Health Care

Section III

Case Studies: Creative Approaches to Mental Health Care

Section IV

Lessons Learned and Food for Thought

Section V

Conclusion

I. Introduction

The relationship between homelessness and mental health conditions is complex and often broadly misunderstood. An estimated 20 to 25 percent of the unhoused population in the United States lives with chronic and severe mental illness, compared with 6 percent of the general population. Public conversations sometimes treat mental illness as the causal factor of homelessness, which is not validated by evidence and undermines crucial dialogue about homelessness as a “social problem with complex and multifactorial origins.”¹

It is important to note that mental health conditions and homelessness have a bi-directional relationship. Though some people find themselves unhoused due in part to untreated mental health conditions², the daily lived experience of homelessness itself creates, exacerbates, and interacts with mental health conditions. Even individuals who may not have a pre-existing diagnosis before losing their access to housing are still vulnerable to extreme stress from housing instability itself and exposure to various harmful experiences as a result of being unhoused. Homelessness increases vulnerability to illnesses like depression and anxiety and leads to much higher rates of depression and suicidal ideation than among the general population.³

Clinicians and care providers who work in the context of homelessness will inevitably encounter many clients struggling with chronic and new mental health challenges, substance use disorder, abuse histories, and other related behavioral health difficulties; these clients can be helped through both well-established and novel approaches to supporting mental health.

This issue of Healing Hands is designed to highlight some programs that have developed innovative, creative, and holistic approaches to supporting mental and behavioral health. We will first look at some of the key barriers to behavioral health care, then dig into three organizations' innovative approaches to supporting the mental health care of their clients.

II. Understanding Key Barriers to Behavioral Health Care for Homeless Individuals

Despite the prevalence of mental health challenges, there also are many challenges associated with accessing behavioral health care. A person who is unhoused may not know where to turn for help and support, or even know that resources are available for low or no cost. (And depending on the community where they live, those free or affordable resources may indeed be sparse.) Even if a person is able to find a source for therapy, medication, and other supports, appointment-based care is challenging during homelessness, transportation may be unavailable or unreliable, and it may be difficult to make and keep appointments, properly store and use medications, and attend to necessary follow-ups in a timely manner.

In addition to the myriad logistical barriers to mental health care, many individuals have had previous difficult experiences with health care systems and may have mistrust of care providers based on past experiences. Additionally, people who are experiencing a variety of life stressors and health problems may need to prioritize urgent physical health needs, and mental health care may be pushed to the back burner.

Dr. Molly Fessler — whose work will be featured in the next section — says of these barriers:



Photo via Pexels

I think all people in all situations, specifically folks working in health care, are doing their best. We are in this work because we want to take care of other people and serve people in some capacity. All of that can be true and it can also be true that sometimes people experiencing homelessness have difficult encounters with the health care system... whether it's interfacing with the health care system in association with a psychiatric emergency or a substance-associated condition, those experiences can be really hard for health care providers and are a hundred-fold as difficult for the patients.

From my conversations with people that I've had the opportunity to learn from, I have heard about many negative experiences with the health care system. While psychiatry as a field does a lot of great work for a lot of folks, there are also some parts of the care we provide that are hard—involuntary commitment..., etc. When folks have those experiences with psychiatry or health care systems, it makes them understandably reluctant to seek that care again.

Beginning with this empathy for clients' histories—in their personal lives, in their experiences with homelessness, and in their encounters with health care and mental health care systems—is crucial for understanding just how much it might take for a person to willingly engage with systems and care providers. The best mental health initiatives factor this in, going to great lengths to create relationships of trust that can be the foundation for therapeutic care. Increasing logistical access to mental health care and prioritizing relationship-building are the key pieces of creating any initiative designed to support and improve mental health.⁶



NHCHC archives

III. Case Studies: Creative Approaches to Mental Health Care

Beginning with this empathy for clients' histories — in their personal lives, in their experiences with homelessness, and in their encounters with health care and mental health care systems — is crucial for understanding just how much it might take for a person to willingly engage with systems and care providers. The best mental health initiatives factor this in, going to great lengths to create relationships of trust that can be the foundation for therapeutic care. Increasing logistical access to mental health care and prioritizing relationship-building are the key pieces of creating any initiative designed to support and improve mental health.

Shelter-Based Psychiatric Care

Dr. Louisa Olushoga is the Medical Director of Psychiatry at Lawndale Christian Health Center (LCHC) in Chicago, Illinois. Lawndale is a Federally Qualified Health Center with multiple brick and mortar locations serving the west side of Chicago. LCHC offers comprehensive care options to clients, including primary care, behavioral health care, dentistry, optometry, pharmacy, HIV care, substance use treatment, and population-specific health care

services (e.g., women's health and children's health).⁴

Lawndale also has a mobile health team that provides primary care in shelters around Chicago. Since 2020, Dr. Olushoga has been working with Lawndale's mobile health team to weave psychiatric care into the shelter-based offerings of the mobile care team. As a psychiatrist, Dr. Olushoga herself does regular rounds of the shelter-based clinics, offering diagnostic

evaluations and creating psychiatric treatment plans for clients. She works closely with the primary care teams to communicate treatment plans and client needs, as the primary care providers are able to provide regular monitoring and follow-up for patients due to their continual presence in the shelters.

Dr. Olushoga explains that there are five main prongs to the mobile health unit's psychiatric and behavioral support offerings in shelters:

Case Studies: Shelter-Based Psychiatric Care

1. PSYCHIATRIC EVALUATION AND TREATMENT PLANS

The key question guiding the mobile health unit's in-shelter psychiatric intervention has been: *How can we effectively deliver psychiatric care that reaches the broadest number of patients?* This is particularly challenging because Dr. Olushoga's time is split between multiple shelters, which means she does not have the same level of regular engagement as the primary care doctors do. She visits each shelter once per month and is able to conduct psychiatric evaluations, develop treatment plans, and prescribe medications as needed, but she relies upon a collaborative care network with the primary care teams to support patients in creating effective treatment plans and addressing side effects. Dr. Olushoga explains that she is constantly in communication with primary care providers about treatment plans and next steps to ensure that patients receive regular, consistent follow-up and support.

2. DE-ESCALATION TRAININGS FOR SHELTER STAFF

After some time in the shelter, says Dr. Olushoga, it became clear that shelter staff were essential front-line allies for creating supportive environments for clients experiencing mental health crises. As result, she explains, "we began working to facilitate education and trainings around what it means to be working with people with mental health disorders. I periodically offer de-escalation trainings for shelter staff, including front desk workers, people working in kitchens, case managers, etc. [These trainings cover] things like: How can we engage with a person who is having a mental health challenge? What does it mean to engage in crisis? How can we avoid fanning the flames of a fire?" The trainings offer ideas for appropriate language use, how to care for one's safety while still treating the client with dignity, and how to respect the person's agency while also being consistent about shelter rules and policies. In some shelters, these de-escalation trainings are now mandatory for employee onboarding.

3. THERAPY OFFERINGS

"We recognize how important and foundational psychotherapy can be in treatment of mental illness," says Dr. Olushoga, "particularly in spaces where a population is chronic trauma exposed." The Lawndale behavioral health care team includes clinical psychologists and social workers, and is working to expand therapy as a mobile health care offering, beginning with a licensed clinical social worker delivering collaborative therapeutic care in shelters. It can be difficult, in this setting, to create a traditional therapist relationship that involves weekly appointments, because the population tends to be transient and mobile. However, the social worker has been able to offer acute interventions and a circumscribed treatment protocol of 3 or 4 weeks, designed to enhance coping skills in the patient. The goal, of course, is to help the client eventually access more regular, long-term therapy resources—through Lawndale or another provider in the community.

The mobile health team has also begun partnering with another organization to offer group therapy at a shelter site, and is hoping to expand group therapy options in the future, since this therapeutic model can be especially helpful for generating a sense of community support and belonging.

4. MOBILE HEALTH PHARMACY

Another key component of Lawndale's shelter-based offerings is their mobile health pharmacy. Dr. Olushoga explains: "As a collaborative effort with the LCHC pharmacy, primary care doctors at many shelter sites have a mobile pharmacy. This is a locked medication cabinet within a locked room that has some very commonly needed medications. When we prescribe medications, and particularly when we need an immediate intervention, we can prescribe from the mobile pharmacy."

Case Studies: Shelter-Based Psychiatric Care

Dr. Olushoga emphasizes that all prescriptions processed through the mobile health pharmacy are put into the electronic medical record with a serial number so they can be tracked, and that only clinicians with prescribing authority can prescribe the prescriptions that are available onsite. The prescriptions typically offer short term supplies (for a week or less), to offer emergency management and give the patient time (and often, increase their capacity) to access traditional pharmacy services.

Part of expanding psychiatric care available within the shelters has been adding psychiatric medications into these pre-existing mobile pharmacies. In addition to the anti-hypertensives, pain relievers, and other medications that were already available, the team determined that it would be beneficial to add other medications with psychiatric usage, including anti-psychotic medications for patients experiencing acute disruption, and anti-histamines like Benadryl that can be helpful for anxiety and sleep disruption. Whenever possible, orally-dissolving tablets are stocked as they may be easier for a patient in distress to take.

The care team has found that providing quick access to key psychiatric medications helps patients experiencing cognitive disruptions to understand treatment plans more clearly and follow through on them more effectively.

5. LONG-ACTING INJECTABLE MEDICATIONS

Along with the mobile pharmacy services, another key element of increasing access to psychiatric medications is being able to use long-acting injectable medications, which can be administered monthly in the shelter. This frees the patient of having to store, transport, and remember to take a daily oral medication, and has been shown to help patients stick with their treatment plan. "Of course the use of these medications is nuanced," says Dr. Olushoga; "they are expensive and there can be difficulties with insurances and payments. Nothing we do is outside of what would happen in a regular clinic," but she believes the impact of long-acting injectables on medication compliance and symptom management makes them worth the effort to pursue.



Photo courtesy of Lisette Carmona

SHELTER-BASED OFFERINGS AS HOLISTIC MENTAL HEALTH SUPPORTS FOR RESIDENTS

In addition to working with partners to provide direct behavioral health care services, shelters can also support the mental health of residents by taking a whole-person view of mental health care and creating offerings that support well-being in a variety of ways, such as:

- Nutrition and cooking classes
- Hygiene and foot care kits
- Education on chronic disease management
- Peer support groups
- Resources on intimate partner violence and healthy relationship skills
- Community partnerships that increase a sense of connection and community belonging

For more best practices related to shelter-based care, see National Health Care for the Homeless Council. (July 2018). [Shelter-Based Care for Homeless Populations](#). *Healing Hands*, 23:1.

Case Studies: Shelter-Based Psychiatric Care

Altogether, Dr. Olushoga emphasizes that all of these initiatives designed to bring psychiatric care into shelters are “not a reinvention of the medical system; it is an innovative approach to service delivery.” All of these initiatives are designed to both provide urgent psychiatric care and weave patients into the broader network of services Lawndale provides in their clinics; even when patients leave the shelters or are placed in housing, they are able to continue accessing their primary care and behavioral health services in the brick and mortar clinic (or continuing in the shelter, if that feels more familiar and comfortable for them.) “Mobile care is a bridge to other services,” she explains, “to convenience, access, and limiting barriers... We want [people to know that] there is a whole system wrapped around you, trying to ensure that your care is consistent and helpful.”



Case Studies: Street Therapy

Lisette Carmona, LCSW, is the Social Work Manager for USC Street Medicine. Housed in the Keck School of Medicine at the University of Southern California in Los Angeles, California, the USC Street Medicine team delivers medical care: “In the mornings we load up our trucks with backpacks full of medications, wound care supplies, materials and equipment for lab collection and testing, [overdose prevention supplies]...food, water, and much more. We drive out to the encampments and then we get out of the truck and down on the ground with our patients. We do this because people experiencing unsheltered homelessness have 3 times the mortality of people in shelters, and 10 times the mortality of their housed neighbors.” The team assesses for patient needs and makes relevant referrals, including connections for specialty care, ongoing services, and housing.⁵

The USC Street Medicine team—which conducts between 1,300 and 1,500 patient visits per month—also has a behavioral health care element. The team includes a street psychiatrist who works with the team one day per week, rotating

on a schedule through the six street medicine teams. If an urgent need emerges in between those rotations (e.g., a person released from a psych hold), those patients become the priority patients. The psychiatrist, along with other members of the medical team, is able to provide emergent care for psychiatric illness and substance use disorder, including administering long-acting injectable antipsychotic medications for individuals struggling with symptoms like hallucinations. Other practitioners on the medical teams work in collaboration to prescribe mental health medications and provide addiction medicine support. RNs also support the effort by providing prescribed injections and helping fill pill boxes and manage medications on a regular basis.

Ms. Carmona is the only Licensed Clinical Social Worker (LCSW) on the street medicine teams, and she works in close collaboration with the entire team: “Often times I utilize all of them for mental health check-ins, such as asking them to call me when they’re out in the field so I can do a quick phone call since I’m unable to get to everyone I need to. And all our team members are

Case Studies: Street Therapy



Photo courtesy of Lisette Carmona

amazing at checking with people and then calling me if additional support is needed if I can't get to the patient."

She previously worked as a Department of Children and Family Services social worker and as a clinical social worker in a small community hospital. She joined USC Street Medicine three years ago, in a position that was originally intended to focus on housing navigation. In collaboration with leadership, Ms. Carmona helped hone the job description to incorporate the skill-set that an MSW-level social worker

has: "I can assess and diagnose," she says. "I am a therapist...Leadership trusted my skills and capabilities, and I was able to embed myself in different teams and prove my ability to create rapport and connect with clients. I was able to spread my wings and do what I needed to do."

Ms. Carmona helps the teams with whatever is needed, and is available if a clinician conducting intakes identifies a mental health issue. She conducts scheduled therapy sessions, as well as receives real-time crisis calls. She may con-

“

Often times I utilize all of [my team members] for mental health check-ins, such as asking them to call me when they're out in the field so I can do a quick phone call since I'm unable to get to everyone I need to."

— Lisette Carmona, LCSW

Case Studies: Street Therapy

duct a safety check if a team meets a patient who has disclosed something like sexual assault or intimate partner violence. She is also available to work on things like housing needs, hospital communication, and setting appointments for therapy with her or other forms of behavioral health care; "I might have a day of appointments planned, but it requires a lot of flexibility and the ability to respond rapidly to crises, plus fit in my scheduled patients for that day," she says.

"I do exclusively street therapy," Ms. Carmona explains. "There is no office for patients to come to; I am in the patient's environment, whether that is a shelter, RV, tent, the side of the freeway, or a motel placement. I am wherever the patient is."

Street therapy is different than traditional office-based therapy or telehealth therapy in a variety of ways. "Therapists sometimes have check boxes they must address (like substance use) and may not even do therapy until certain issues have been addressed... Here, I get to utilize my own lived experience, be who I am, be a professional, and provide a service to people who daily tell us that they wouldn't have participated in any other way... [We often hear from] patients who had preexisting beliefs about psychiatrists, therapists, and medications, but are now open to these services because we are providing them at their pace and in a way that makes them comfortable." By making the barriers to care as low as possible, Ms. Carmona is able to provide therapy to anyone who is willing and able to receive it.



Photo courtesy of Lisette Carmona

Ms. Carmona explains the core ethos of her work like this:

We let them guide their own process. Patients will hug us and thank us and we'll hold their hands in the hospital. We get to give love, respect, dignity and a listening ear. Even if it isn't traditional therapy, just listening to a person who is used to everyone avoiding eye contact is a huge deal and makes a difference... We are beginning to address the things they want to address, and there is no push to do anything else.

Ms. Carmona encourages other organizations looking to expand their behavioral health services to consider their social workers on staff: "Social workers with an MSW are more than caseworkers," she explains. "You can utilize them to address a variety of mental health

needs. Unsheltered people may not have phones, transportation, time for the long wait times, or the ability to make and travel to appointments. If you have more people in your organization who can provide therapy [in a variety of environments], do it!"

Case Studies: Foot Psychiatry

Dr. Molly Fessler is a third-year psychiatry resident at Duke University. She started the Grounded Care foot and wound care clinic with the support of Dr. Nicole Helmke, a clinician trained in both Internal Medicine and Psychiatry, who, as Clinical Director of the Health Care for the Homeless Clinic at the Lincoln Community Health Center in Durham, North Carolina, welcomes Psychiatry residents to address mental health needs in the context of homelessness. Dr. Fessler “pitched Dr. Helmke on the idea of a psychiatric clinic that also included foot and wound care, and she, along with the other incredible folks who work at the clinic, has been so gracious and enthusiastic and supportive,” says Dr. Fessler.

Grounded Care is designed to “support folks who have psychiatric needs as well as wound and foot care needs,” explains Dr. Fessler: “Many folks struggling with foot conditions in association with homelessness have also had an experience of [violence], secondary to homelessness or other experiences. Starting with foot or wound care can be a bridge to talking about some of the harder things they have experienced.”

Though the term “foot psychiatry” may not be broadly known, Dr. Fessler has noticed the connection between feet and mental health for years. In medical school, she served as a student leader in a street medicine group, and helped develop mobile foot clinics as part of the street medicine outreach. “Through that work,” she says, “of being with people, doing foot washes, taking



NHCHC archives

care of lower extremity wounds, I began to recognize that when people felt safe and taken care of, it was easier to start to talk about sensitive, hard, and sometimes scary things, like the experience of one's mental health.” Some studies have also begun to explore the connections between mental health and the feet, supporting Dr. Fessler's sense that understanding the feet can be a gateway into supporting mental health.

Later, when she started her psychiatric residency, Dr. Fessler says, “it was important for me to remember that mental health doesn't exist in a vacuum. Caring for our patients experiencing homelessness needed to also consider all of their other stressors and experiences...in order to make sure I was providing real psychiatric care.” Growing from her work in the mobile foot clinics, and noting the connection between how a person feels about their feet and how they feel about themselves and their mental health, she has had

“

“Through that work of being with people, doing foot washes, taking care of lower extremity wounds, I began to recognize that when people felt safe and taken care of, it was easier to start to talk about sensitive, hard, and sometimes scary things, like the experience of one's mental health.”

— Dr. Molly Fessler

Case Studies: Foot Psychiatry

“the opportunity to speak with folks experiencing homelessness who agreed: The way they felt about their body and feet had implications for mental health.”

Foot concerns during homelessness are very common, and patients often come to the clinic with foot concerns at the forefront of their mind. (Patients who arrive at primary care appointments with foot issues may be referred to Grounded Care.) Individuals may have trouble keeping feet clean and dry, or they may find themselves in wet socks or shoes for long periods of time. Fungal infections of the nail and skin are common in this population, as are untreated wounds or injuries on the lower extremities. Patients may come to the clinic seeking callus removal or help with chronic foot pain, which is often created or exacerbated by long periods standing up.

And, of course, says Dr. Fessler, “you can learn a lot about someone’s general health by looking at their feet. You can see progression of metabolic conditions like diabetes, find vascular problems by feeling for pulses, and assess circulatory health by seeing how quickly blood flow is coming into the nail bed. All of these things can be better understood by taking a look at someone’s feet.”

When a patient arrives at Grounded Care, Dr. Fessler talks to them about the dual purpose of the clinic—caring for feet and wounds while also offering supportive mental health care—and has a conversation about what brings them in and what they’re hoping to get out of the appointment. Then she offers quiet

music and a foot bath, including Epsom salts and nail trimming. Then, she says, “we’ll talk a bit more as they have the chance to relax a little bit and have their feet taken care of. Usually, once we have a chance to have that pause, folks start to feel more comfortable and we can talk more about their history and what they hope to get out of care.”

“So many people...never get a break,” says Dr. Fessler. “So having a minute where you can sit, listen to music, soak in Epsom salts, and rest your feet can create a foundation—and this is why we call it Grounded Care—to explore other areas in which care or support might be needed.” At the end of an appointment, patients are provided with a foot care kit that includes items like socks, pumice stones, nail clippers, foot wipes, foot powder, lotion, and/or tennis balls for massage. In cold weather, toe warmers may be included. Patients are also provided with customized illustrations of guidance on foot care.

“The way I think about it,” says Dr. Fessler, “one really important task for me in becoming a psychiatrist is to show care and empathy and demonstrate shared humanity, especially with folks who have often had challenging experiences with the health care system. If I can create an environment in which people feel cared for and we develop a foundation of mutual trust, that is the foundation of mental health care... It is an opportunity I have to be human and demonstrate that I do want to provide care, and that I am someone who is safe to talk with about these things.”

GROUNDING CARE FOOT GUIDE

CARING FOR YOUR FEET & MIND

Quick tips when on the move

#01

Clean Daily (If You Can)

Use water and soap when available.
No sink? Wipe feet with a damp cloth or baby wipe. Dry them well, especially between toes.



#02

Change Socks Often

Try to change socks daily or when wet.
Let used socks dry overnight. Keep an extra pair in a plastic bag if possible.



#03

Check Your Feet Daily

Look for cuts, blisters, swelling, or redness.
If something hurts, get it checked at the clinic.



#04

Rest and Elevate

When sitting, take your shoes off and let your feet breathe.
If swollen, try to raise your feet on a backpack or wall for a few minutes.



#05

Keep Shoes Dry and Fitting

Wet shoes = pain and infection
If shoes are tight or worn out, ask at shelters or outreach centers—they may have extras.



Foot Health= Mental Health

Painful feet can affect your mood, sleep, and stress levels.

Taking even 2-3 minutes a day for your feet can calm your body and mind.

Morgan Granzow, MoMed Visuals

IV. Lessons Learned and Food for Thought

These case studies offer food for thought for clinicians and organizations seeking to implement holistic mental health care and supports in clinics, shelters, and outreach or street medicine programs.

One lesson that is clear from the case studies in this issue of Healing Hands is that mental health care provision is strengthened by ecosystemic thinking. A person experiencing a mental health crisis or long-term challenge does not exist in a vacuum; they are embedded in a web of conditions and relationships, including the conditions and relationships that exist with individual care providers and organizations that seek to serve them. Understanding and acknowledging the complexity of these many relationships is a key element to understanding the needs and desires of these clients, and coming up with creative offerings is a way to respond to each individual in a holistic way.

This ecosystemic thinking also clarifies why multi-disciplinary teams are essential for mental health care delivery.

Treating mental health care as a siloed discipline will dilute its reach and effectiveness; in reality, mental health care can and should be woven into all other forms of health care. Peers, staff members, and non-licensed clinicians can also form parts of these multi-disciplinary team supporting mental health—creating cultures of care and communities of care that can support individuals throughout



“The work is in front of us, and we have to engage with it somehow... Something may be new and different and outside of the typical framework. We just need a willingness to try.”

—Dr. Louisa Olushoga

the lifespan and through various stressors.

It is also important for organizations to get creative about preventative mental health care and wellness initiatives, in addition to support and care post-diagnosis. While medication and therapy are key parts of a treatment plan for a person with mental health challenges, their well-being can also be supported by initiatives that improve nutrition, build relational skills, increase community belonging, and teach healthy coping skills. Organizations that are willing to think outside the box and explore community partnerships can come up with a wide variety

of offerings that reflect the understanding that people need support in their wholeness and their complexity in order to learn to care for themselves.

Dr. Olushoga notes that though not all programs have the resources to provide things like a traveling psychiatrist or a mobile pharmacy, organizations do have an opportunity to take stock of the available resources and think creatively about how they can provide care. Even when resources are scarce, the best resource, she says, is “the team of people around me who are willing to push forward a treatment plan, try something new, and enter uncharted territory... Our patients do well because we have people on the ground who are always willing to jump in and work... The work is in front of us, and we have to engage with it somehow... Something may be new and different and outside of the typical framework. We just need a willingness to try.”

Though many challenges define the landscape of mental health care, there are also many opportunities for creative, holistic, systems-based thinking. Knowing that every person is a whole person simultaneously highlights the complexity of their challenges and the multiple possible doorways for healing to begin. There is an invitation here for care providers to take stock of the organizational resources—including human resources—available, and to intentionally craft systems and initiatives that put the multi-dimensionality of human wellness at their center.

VI. Conclusion

This issue of *Healing Hands* has looked at some of the key barriers to accessing mental health care and highlighted a few creative approaches to overcoming those barriers and providing compassionate, effective care that connects with people in novel settings and ways. The sorts of mental health care initiatives highlighted in this issue incorporate support for crisis situations while also building bridges in hopes that the patient will be able and willing to continue with sustainable, long-term care.

When asked what advice she might offer other care providers, Dr. Fessler says, "The best advice I've received in this space came from a mentor whom I worked with providing street care. He encouraged me to approach every patient with unconditional positive regard. It's sometimes challenging to provide foot care. It's a unique endeavor. For me, seeing folks as neighbors going through a hard time and who need this support has been instrumental for me in understanding my responsibility as a psychiatrist and as a human being. It's my job to be creative in how I help build bridges for people back to care and community."

The next issue of *Healing Hands* will expand upon this ecosystemic thinking about mental health care, taking a look at how organizations can create cultures of care that also mindfully support the mental health and well-being of care providers themselves, including clinicians, staff members, volunteers, and other participants in these communities of care.

References

- 1 Psychology Today. (2021). The complex link between homelessness and mental health. <https://www.psychologytoday.com/us/blog/mind-matters-menninger/202105/the-complex-link-between-homelessness-and-mental-health?msockid=1eb4d9a26015646c379dcfb96175651b>
- 2 Padget, D.K. (2020). Homelessness, housing instability, and mental health: Making the connections. *BJPsych Bulletin*, 40(5), 197-201. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7525583/>
- 3 Maestrelli, L.G., Sousa Martins Silva, A., de Azevedo-Marques Périco, C., Torales, J., Ventriglio, A., & Castaldelli-Maia, J.M. Homelessness and depressive symptoms: A systematic review. *Journal of Nervous and Mental Diseases*, 210(5), 380-389. <https://pubmed.ncbi.nlm.nih.gov/35413031/>
- 4 Lawndale Christian Health Center. Health Services — [Lawndale Christian Health Center](#)
- 5 [Keck School of Medicine of USC. Clinical Services](#) - Street Medicine
- 6 Butterworth, P. A., Urquhart, D. M., Cicuttini, F. M., Menz, H. B., Strauss, B. J., Proietto, J., Dixon, J. B., Jones, G., & Wluka, A. E. (2014). Relationship between mental health and foot pain. *Arthritis Care & Research*, 66(8), 1241–1245. <https://doi.org/10.1002/acr.22292>

Disclaimer

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,788,315 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

NHCHC is a nonpartisan, noncommercial organization. All material in this document is in the public domain and may be used and reprinted without special permission. Citation as to source, however, is appreciated.

Suggested citation: National Health Care for the Homeless Council. (February 2026). Innovative Approaches to Mental Health Care for Homeless Individuals. *Healing Hands*. (Author: Melissa Jean, Writer). Nashville, TN. Available at nhchc.org.



Healing Hands is published by the
National Health Care for the Homeless Council.
www.nhchc.org

Credits

Melissa Jean, PhD, writer
Lily Catalano, MSSW, Senior Clinical Manager

Join the HCH Clinicians' Network

To learn more about clinical issues in homeless health care, [join the Clinicians' Network](#).

©2026 National Health Care for the Homeless Council

HCH Clinicians' Network Steering Committee

- Nadia Fazel, DMD, MPH
- Colleen Ryan, RN, MSN, FNP-BC
- Joseph Becerra, CAADE
- Jared Bunde, MS, RN-BC, PHN
- Aynsley Duncan, MD
- Taurmini Fentress, PhDc, LICSW, MSW, MPA
- Bridie Johnson, MFT, MSW, LCSW, ICAADC, CCS MA-DP
- Jared Klein, MD, MPH
- April Krall, MBA, BSN, RN
- Tanya Majumder, MD
- Charita McCollers, MSW, LCSW
- Padmini Meda, PA-C
- Sudhakar Nuti, MD, MSc
- Jack Palmer, MD
- Edward Suarez, Jr., Psy.D., LMHC, MBA