FACT SHEET MARCH 2026

Supporting Medical Respite Clients Who Live with Mental Health Conditions

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

INTRODUCTION OF MENTAL HEALTH AND SERIOUS MENTAL HEALTH CONDITIONS

Mental illness is defined by the American Psychiatric Association as the health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses, or mental health conditions, can be associated with distress and/or problems functioning in social, work or family activities.[1] Mental illness is a component of a person's overall behavioral health which is the umbrella term that includes both mental health conditions and substance use disorders. In the context of this document, we will be focusing on the prevalence of mental health diagnoses among people experiencing homelessness as well as the experience of the symptoms that are the manifestation of those diagnoses, and how these impact a client's ability to participate in medical respite programs. There is no mental health diagnosis that should immediately exclude someone from eligibility to be in a medical respite program, and programs can use this document to help develop a program model that can adapt to the needs of its client's mental health.

Mental health conditions may impact a person's ability to engage in productive activities (such as work, school, or self-care), develop and sustain health relationships, or adapt to change and cope with adversity.[1] However, like all health conditions, a person's experience of their mental health conditions changes and is greatly impacted by factors such as acuity of symptoms, stress, other health conditions, housing, nutrition, and relationships. People can and do recover from their mental health conditions and often do not experience lasting impact on their ability to engage in meaningful activities.

Mental health conditions are often categorized into groups based on a person's symptoms. These groups include: mood disorders, anxiety disorders, psychotic disorders, trauma, eating disorders, disruptive behaviors and dissocial disorders, and neurodevelopmental disorders.

Terminology Note

Individuals served within medical respite programs may be referred to as clients, patients, consumers, etc. For the purposes of this publication, the term "client" is used.

MENTAL HEALTH AND HOMELESSNESS

The prevalence of mental health conditions is believed to be widely underreported in the general population, but it is estimated that over 75% of people experiencing homelessness have at least one mental health disorder.[2] A person can begin experiencing symptoms of mental health conditions at any age, and the circumstance of homelessness can cause the onset of new conditions as well as the worsening of symptoms.

FUNDING NOTE

This resource was developed in partnership with the United Healthcare Foundation as part of a project focused on expanding capacity for behavioral health services in medical respite care programs.

- Homelessness can cause mental health conditions including anxiety, depression, and trauma. A person may experience events that cause them to have new mental health diagnoses or that cause increased symptoms of health conditions they were previously diagnosed with.
- Acute medical conditions and significant medical events can cause new mental health diagnoses and can cause mental health conditions previously well-managed to become unstable. Individuals entering a medical respite program have recently experienced a medical event which increases the likelihood that they will have new or sudden onset of instability in their mental health.
- During medical events and the resulting hospitalizations, a person's mental health treatment may be interrupted. Their ability to maintain their treatment, including medication and outpatient treatment, may be disrupted or halted completely. Entrance into a medical respite program is an opportunity to return to or modify the treatment modalities necessary to achieve the client's identified goals regarding their mental health.
- Prior to hospitalization and medical respite, a client may have had difficulties or barriers engaging in mental health treatment (such as lack of transportation or stability in routines), which can be addressed during the medical respite stay to re-engage or support access to treatment.

MENTAL HEALTH AND MEDICAL RESPITE CARE

Programs should operate with policies that aim to be inclusionary of all people, regardless of specific mental health diagnoses. As with other health conditions, mental health symptoms vary greatly in the way in which they present and often vary from day to day. In addition, each mental health condition looks different in each client. Exclusion based on diagnosis overly generalizes mental health and creates opportunities to discriminate based on specific conditions.

Programs should operate with policies that aim to be inclusionary of all people, regardless of specific mental health diagnoses.

- **Programs should never exclude clients based exclusively on a mental health diagnosis.** Reasoning to admit a person to a program should be focused on the program's ability to support their medical needs and the person's ability to be safe and tolerate the structure of the program. While in the program, focus should be placed on symptoms, with a goal of admitting a person and supporting their mental health symptoms as part of their overall health management.
- **Medical respite programs are uniquely positioned to support clients who have mental health conditions while they are recovering from an acute health event.** Medically trained staff who are helping with medication management can also support mental health medication management.
- **Consistent access to nutritious food, adequate rest, and separation from larger, congregate housing in typical shelters supports recovery from mental health conditions just as it does from an acute health event.** Many mental health medications have side effects that are relieved by access to quiet or less stimulating spaces and rest as well as easy access to bathroom facilities.

Safety remains paramount for all clients and staff of medical respite programs. It is important to emphasize that the majority of people living with mental health conditions are not aggressive or violent. In fact, a person with mental health conditions is far more likely to be the victim of a violent attack than they are to be the perpetrator.[3] There is no one mental health condition that is more often

associated with aggressive behavior and so no one should be excluded from eligibility because of an assumption of aggressive behaviors. Here are a few tips to help staff be able to provide a supportive and safe environment:

- **Take a comprehensive medical history:** Staff should take a comprehensive medical history prior to entry which should include mental health. Staff can request a recent psychiatric evaluation if there are concerns about the client's safety or psychiatric stability before discharging from the hospital.
- **Set expectations** Speak with the person prior to their coming to the program and share about program expectations and structure. Clients may be able to proactively identify where they might have challenges (and can be supported by staff) and this can also help facilitate a trusting relationship between the client and the program staff to further support and conversation about their mental health.
- **Leverage support networks:** Staff should document community supports and family/friend support systems that have been a positive part of the person's life. These individuals should be included in their client's treatment plan with the client's permission.
- **Explore coping strategies:** Staff should explore past coping strategies with the client and work to foster and develop coping strategies while the client is in the medical respite program. Medical events can cause stress and anxiety about what life post-event will look like for the individual. Staff can support individuals in identifying and accessing coping mechanisms that can be used within the program.
- **Offer activities:** Programs can provide opportunities to engage in activities for general health and well-being. Resources such as yoga, art therapy, medication, exercise (within physical capacity), games to foster socialization, and group activities can help a person feel less isolated and less like a "client".
- **Build an interdisciplinary team:** Having staff with a variety of professional and personal experiences is essential for building rapport with individuals. In additional to members who can treat the medical conditions, the team should include peers, behavioral health professionals, and support staff who engage with individuals in non-clinical setting who can engage people in social activities and observe when someone is struggling.
- **Provide staff trainings:** Staff should be trained in trauma-informed crisis de-escalation and mental health first aid. Staff may be able to more easily identify when/if someone is decompensating and need more support before it turns into a larger safety issue. This includes all program staff, including those who may be hired as security or milieu management staff.

INTERVENTIONS AND STRATEGIES FOR SUPPORTING MENTAL HEALTH SYMPTOMS IN A RESPITE SETTING

When considering how best to serve clients of a medical respite program, it is important to know that many if not most of the cleints that enter the program will be living with some level of mental health stress or mental health conditions. Program should be designed in a client-centered approach that does not focus only on managing symptoms, but rather helping a person achieve a recovery from their medical and mental health symptoms in the way they define it.

The mental health recovery model focuses on a person staying in control of their life.[4] The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined the focus as helping a person improve their health and wellness while striving to live their full potential.[5] SAMSHA defines four major areas that support a person's recovery: health, home, purpose, and community. Medical respite programs have the opportunity to serve as a vital steppingstone in working on all four of these areas.

- **Health:** A person's ability to overcome or manage their chronic and acute health events.
- **Home:** Having a stable and safe place to live.
- **Purpose:** Participating in meaningful daily activities which could include a job, volunteering and having the independence and resources to participate in society.
- **Community:** Meaningful relationships and connections the provide positive support and fulfillment in a person's life.

Utilizing the recovery model of mental health in a medical respite setting identifies concrete ways that staff can support a person in their mental health recovery while they recover from their medical event.

Utilizing the recovery model of mental health in a medical respite setting identifies concrete ways that staff can support a person in their mental health recovery while they recover from their medical event. Programs can implement several strategies into their workflows that will help support the recovery model:

- Comprehensive mental health history at intake – Including mental health history, current symptoms, treatment, and goals at intake can achieve multiple goals for supporting recovery. Staff will have a more comprehensive understanding of a person's full health history as well as insight into symptoms that the individual views as problematic and might be ones they want to focus on managing.
- Focus on the symptoms, not the diagnosis – Understanding how a person experiences their mental health conditions is more important than knowing what diagnoses have been given to a person. This shifts the focus from a disease model where a person feels as though they are defined by their health conditions and allows the person to identify areas that they would like to change about their health without assuming everything is negative. It is also important to remember that not all symptoms of behavioral health conditions will fully resolve, even with engagement in treatment. Symptom management can help reduce symptoms or support the person in managing day to day routines even with the presence of symptoms.
- Facilitate access to community-based mental health treatment, which could include individual therapy, psychiatric care, support groups, day or clubhouse programs, etc. Connection and reconnection to care can help maintain stability achieved within the medical respite care program. Programs can also help identify previous barriers to care and include addressing these barriers as part of care planning (e.g. enrollment in insurance, transportation passes, supporting a person at their first appointment).
- Medication may be a part of treatment but is not the only strategy for alleviating symptoms – as with all health conditions, some mental health conditions symptoms are improved (as defined by the client) with medication. Mental health medications also can have negative side effects that a person considers to outweigh the benefits, especially when unstably housed (e.g. drowsiness, need to use the bathroom frequently). Medications are not required for a person to

recover from all mental health conditions and a person will not fully recover because of medication alone.

- Creating routines within the medical respite program. Although medical respite care is transitional/temporary, the stability provided through having access to a bed, meals, and safety can help a person establish or re-establish routines that can support mental health. Hospitalization and homelessness can both disrupt these routines, and staff can support clients in identifying and following routines for self-care, sleep, meals, activities, etc.
- Identify support systems – Community is an essential part of the recovery model. Many individuals have identified individuals who have positive impacts on their mental health while others will need support in growing this area. This community could be faith-based, activity-based, and a mix of professional and personal connections. Medical respite can be an opportunity to facilitate connection to community-based supports, such as clubhouse programs, support groups, or other activity-based resources.
- Develop plans for change in mental health – Strategizing for times when a person feels less in control of their mental health can help them know what to do when they start to feel different. Identifying what this has looked like in the past, documenting what has helped in previous episodes and setting the expectation for both the client and the program that these declines in health are all part of the non-linear process of recovery can help remove the stigma of admitting that things have changed. These plans can also help staff more proactively support the individual and notice changes in symptoms, and respond in a way that is preferred by the client as much as possible.
- Train staff on identifying increased symptoms and de-escalation crisis – Medical respite staff are often able to notice gradual changes in a person's mental health, sometimes even before the client does. Strategizing ways to discuss these changes with the client as well as having programmatic plans for when symptoms increase allows everyone to be prepared for how best to respond to the changing needs of the client. Change in symptoms might include:
  - Suicidal ideation or suicide attempt – a person thinks about and may discuss what it would be life if they were no longer alive and what everyone's life would be like if they died. As these thoughts become more serious a person might begin to plan for how they would end their own life and when it would happen.
  - Intrusive thoughts – a person experiencing unwanted and distressing thoughts that come into their head and are unable to be ignored. These thoughts do not typically reflect a person's character or desires.
  - Manic episodes – pressured speech, decrease in sleep, disorganized thinking or behaviors
  - Psychosis – a state when you lose touch with reality – sometimes intermittently and other times continuously – that can be marked by hallucinations (seeing or hearing things that are not here) and delusions (fixed, false beliefs). A person's speech may become disorganized and behaviors may become more unusual.

On the next page are some examples of concerns medical respite staff may express and potential responses in these circumstances. The aim of this document is to provide some preliminary guidance; however, it is not comprehensive.

Programs are encouraged to use these as a framework for developing policies, seeking further training and build partnerships with local organizations that specializing in serving people with mental health conditions.

COMMON CONCERN	POTENTIAL RESPONSE
Resident has suicidal thoughts/ ideations	• Develop safety plan as part of intake for all residents; for active suicidality, follow organizational policy • Implement coping strategies identified as part of assessment • Establish partnership with behavioral health provider with on-call emergency response • Hire behavioral health providers to serve as crisis intervention • Identify community response system to address mental health crisis that does not involve incarceration
Resident becomes agitated/ aggressive	• Implement deescalation training skills • Create space for individual to be upset without causing physical harm to others • Only involve police if necessary • Do not make decisions on resident's ability to stay in the program during crisis • Debrief with any individuals present during incident • Follow-up with resident after resolution to explore what happened, any known triggers or causes of the incident, and make a behavior plan to prevent/more effectively deescalate any future incidents
Resident experiences mental health related beliefs/thoughts or behaviors that are interfering with the resident's/other residents' ability to function in the program (this may include psychosis, mania, intrusive thoughts, etc.)	• Engage early as symptoms often build over time • Acknowledge individual's feelings and do not confront them on what is real • Implement response plan developed during intake; if no plan was developed or mental health condition were unknown, focus should be on safety, deescalation, and connection to appropriate level of behavioral health care (outpatient or inpatient) • Develop processes where any team member can share observed changes in behaviors – "floor staff" are often the first to notice but may not know the clinical term for what they are observing • Staff who are trained in behavioral health should increase presence on the floor and seek opportunities to engage/reengage client • Create physical space for individual as their tolerance for having people close to them may decrease • Establish partnership with behavioral health provider with on-call emergency response or develop process for calling 9-1-1 for behavioral health emergencies • If hospitalization is necessary, retain individual's place in the program so it is available upon discharge – these hospitalizations are often brief

CONCLUSION

Medical respite provides a unique opportunity to provide additional stability and support not only for a person's recovery from medical conditions but also a chance to create some stability to allow for easing of mental health symptoms. Programs should expect that residents in their medical respite program will have mental health symptoms that would benefit from support during their stay and build in assessments and supports through staffing or partnerships to support the individual while they are there.

RESOURCES

- NHCHC: Promising Practices: Providing Behavioral Health Care in a Medical Respite Setting
- NHCHC: Medical Respite and Behavioral Health Online Course Series:
  - Introduction to Behavioral Health
  - Behavioral Health, Stigma, and Resilience: Firsthand Perspectives
  - Program Approaches to Supporting People with Behavioral Health Needs in Medical Respite Care
  - Strategies for Supporting People with Behavioral Health Needs in Medical Respite Care
- New England MIRECC Peer Education Center: Psychiatric Rehabilitation & Peer Support
- National Alliance on Mental Illness: Resource Center

1 American Psychiatric Association: What is Mental Illness?: https://www.psychiatry.org/patients-families/what-is-mental-illness

2 Gutwinski S, Schreiter S, Deutscher K, Fazel S. The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS Med. 2021 Aug 23;18(8):e1003750. doi: 10.1371/journal.pmed.1003750. PMID: 34424908; PMCID: PMC8423293.

3 https://homelessness.ucsf.edu/blog/violence-against-people-homeless-hidden-epidemic

4 Jacob KS. Recovery model of mental illness: a complementary approach to psychiatric care. Indian J Psychol Med. 2015 Apr-Jun;37(2):117-9. doi: 10.4103/0253-7176.155605. PMID: 25969592; PMCID: PMC4418239.

5 https://www.mirecc.va.gov/visn1/docs/508CompliantProducts/PDFs/PsychiatricRehabilitationPeerSupport.pdf

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

ABOUT NHCHC

The National Health Care for the Homeless Council is the premier national organization working at the nexus of homelessness and health care. Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness. Visit nhchc.org to learn more.