

Housing- Living with SMI

Learn about options for those with SMI who often cycle through homelessness instead of accessing safe and supportive places to live.

How often does homelessness intersect with SMI?

According to [federal data](#), about a third of people living unhoused experience a serious mental illness condition, worsening their risks for victimization, criminalization, substance use disorder, disengagement from medical care, and early death. These numbers may under-represent the problem because research relies on people to self-report. Those with the most severe and disabling conditions often are undiagnosed or lack awareness of illness (a common symptom called [anosognosia](#)) and therefore will not report that they have a mental illness condition.

Anosognosia also complicates solution-building. Unhoused individuals in psychosis may be unable to organize themselves well enough to seek shelter but refuse assistance because of confusion, paranoia, or fear of being victimized. Some remain outdoors by choice if they use substances, have pets, or dread sleeping in close quarters near others.

Further complicating these circumstances are housing and shelter shortages, barriers related to [social security](#), and criminalization of mental illness and homelessness. Insurance companies create

barriers resulting in inpatient care being shortened and people discharging before they are functionally able to manage activities of daily living. Homelessness can result when unstable individuals are evicted by landlords or turned away by families or roommates because of disruptive behaviors related to unmanaged psychosis.

The intersection of homelessness and mental illness is noted in the U.S. President's July 24, 2025, [Executive Order](#) on homelessness. The order calls for increased use of inpatient and outpatient civil commitment and development of certified community behavioral health centers ([CCBHCs](#)) but doesn't outline a national plan to build and fund evidence-based, humane programs to treat and house people with severe mental illness (SMI).

What if my loved one is on the move or missing?

When trying to support someone with SMI who is unhoused, you might research programs that may have these terms in their titles: homeless outreach, street outreach, street medicine, or community response. Some of those agencies coordinate medical services, mental health supports, transportation, and other resources to meet basic needs.

One option for care partners (anyone who supports someone with SMI) is to build a one-page document to distribute among agencies that could encounter an unwell, unhoused person in their community. Include a photo, a basic description of the person, health care concerns and needs, and your contact information. This document can also be shared with hospitals, jails, and law enforcement agencies, in hopes that professionals will reach out to care partners rather than process a person who may be confused or unable to communicate as a “John Doe.”

If you lose contact with your loved one and are concerned, file a missing person report with law enforcement. You can and should file a report as soon as you know your loved one is missing. A waiting period is not required, despite common misinformation. Having this report on file will allow officers to know about their mental illness and that someone cares for the person if they turn up. In some communities, the police will share the missing person report with outreach teams. All are better equipped to help if they know more about the person and that loved ones are engaged and supportive.

Officers cannot make your loved one go home, but they may be able to initiate a psychiatric hold if criteria are met under [your state's involuntary treatment laws](#). They may be able to transport them to a crisis center, detox facility, or emergency department if they have more information about the nature and severity of the person's medical condition. You might advocate for [commitment](#) by connecting the dots between the symptoms, risks for harm, and state treatment laws.

If you suspect your missing loved one has been arrested, you can check the websites of jails and prisons in their last known area to see if they are listed on an inmate roster. TAC provides an article about the [criminal legal](#) system and a video to help advocates seeking [treatment during incarceration](#).

Consider checking the National Missing and Unidentified Persons System. [NamUs](#) is a database often used by law enforcement to search for missing people. Families can search for case information and request help from criminal legal professionals in the search for a missing loved one. Content warning: *The NamUs page lists unidentified bodies found by law enforcement. You may want to have a close friend or family member do this research with you.*

If you find out your loved one has died, please seek grief support.

How can I research housing options for my loved one with SMI?

If you are able to assist your loved one in finding a place to live, consider what support is needed for ongoing medical and housing stability. The Schizophrenia and Psychosis Action Alliance (S&PAA) offers a comprehensive [Housing Toolkit](#) to help individuals and families navigate housing solutions.

A federal grant program called [PATH](#) — Projects for Assistance in Transition from Homelessness — may be an option to help individuals with SMI who are homeless or at risk of homelessness. PATH funds homeless outreach but does not provide housing subsidies. Search for a PATH program in your state by typing the full name of the program followed by your state name or initials, such as: Projects for Assistance in Transition from Homelessness (PATH) WA.

The [U.S. Department of Housing and Urban Development](#) provides general starting points to seek housing resources online or by calling 1-800-669-9777. You can also research [state-by-state HUD resources](#) or call 211 as a place to begin researching options in your community.

Is housing a legally protected right?

Yes. The Fair Housing Act, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act protect individuals with disabilities from discrimination in housing, including individuals with mental health, intellectual, or developmental disabilities.

Landlords must honor requests from tenants/prospective tenants for accommodations due to any disability, including mental illness or the manifestation of symptoms of a mental illness, provided they don't interfere with other tenants in common areas of the complex. Unfortunately, not all landlords are aware of these requirements so it may be necessary to advocate for a loved one whose rights are not being honored. It can be effective to make landlords aware of their requirements while making it clear that failure to comply will be noticed.

What if my loved one needs housing assistance?

The [National Housing Conference](#) maintains a list of federal programs to help people who are homeless or unstably housed. Specific programs are offered for certain populations, such as veterans, foster youth, people with HIV/AIDs, people in rural areas, and more. Review the list to see if your loved one might fit any of the criteria.

Policymakers and advocates have different opinions on the best approach to housing people with chronic and persistent mental illness. Some believe that settling people into housing first, and then offering treatment, is the best approach. Others argue that housing without integrated treatment is doomed to fail. While evidence is inconclusive on what approach is the best to address homelessness and unstable housing, there is no question that the lack of housing with sufficient support to help those with SMI live well in the community is one of the most significant barriers to stability that people face.

What are some housing options for someone with SMI?

Here are a few terms to understand when considering the right level of care and housing.

- **Residential care** refers to long-term inpatient services. State hospital systems provide residential care to people who meet criteria through civil or criminal court processes, but in many states the number of beds is insufficient for the level of need. TAC documented these issues in a report, [Prevention Over Punishment](#). Some residential care facilities are private pay and voluntary. The [American Residential Treatment Association](#) provides a list of private, long-term facilities across the United States for a range of people with psychiatric conditions, including schizophrenia, bipolar disorder, and mental illness combined with substance use disorder. Many can be very expensive. Some take insurance, but not all insurance covers the entire cost. These are not locked facilities.
- **Permanent supportive housing** is a long-term option for some individuals whose illness makes fully independent living unworkable throughout their lives. [SAMHSA provides a toolkit that includes evidence-based practices for permanent supportive housing](#).
- **Transitional housing** is provided in some areas for people leaving a hospital who need more support temporarily as they move back into the community. You might ask a social worker at the hospital for information about transitional housing options in the area.
- **Board and care or group homes** may provide food, supervision, and someone qualified to dispense medication. Some have staff to assist with recreational activities. Check to see whether the facility is licensed. If licensed, check to see what state agency certifies their license and what training staff have received. Plan to tour the home and speak with residents to ensure a good fit before committing.
- **In-home services while living independently or with family** is another option. Medicaid funds [Home and Community Based Services](#) for some eligible people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. Your state's Medicaid management agency can provide further information about how to apply.

- **Single room occupancy** means living independently within a community facility. Much like a dormitory, residents may have their own rooms and share communal kitchens and lounges. Amenities vary depending on how the structure was built or renovated from something else, such as a former hotel. You can contact your local public housing agency to inquire about SRO programs in your area.

What resources support advocacy to improve housing options for people with SMI?

Innovation and problem-solving are needed to address the enormous unmet housing needs of people with SMI. Here are places for advocates to learn about what works:

- TAC’s problem-solving webinar series, available on [YouTube](#), features an innovative approach that blends housing with community outreach and whole-person services, [43 North Iowa](#).
- In May 2020, two passionate advocates, both mothers of children with SMI, published a white paper: [Housing That Heals: A Search for a Place Like Home for Families Like Ours](#).
- The National Academies Press published a book, “Permanent Supportive Housing,” and provides a [free online version](#).
- A National Institutes of Health article by Jack Tsai, PhD, provides an [analysis of Housing First research](#), concluding that the approach does reduce effects of homelessness but that adults with SMI also need crucial health care and social services to live meaningful, sustainable, and productive lives.
- The federal Homeless and Housing Resource Center ([HHRC](#)), established in 2020, offers no-cost training for health and housing professionals seeking evidence-based practices to improve housing stability and recovery for people who are homeless or at risk for homelessness due to SMI and/or substance use disorder.