



Schizophrenia®
& Psychosis
Action Alliance

We Need Housing! Now What?

Understanding Your Loved One's Situation

Observe. Listen. Understand.
Identify your loved one's needs
and strengths to guide the right
housing path forward.



WELCOME

PART ONE A

Table of Contents

Part 1A: Understanding Your Loved One's Situation	2
Age	2
Personal status	3
Evaluate the option of living at home with family	4
Assess Your Loved One's Clinical Requirements	5
Positive symptoms	6
Negative symptoms	6
Cognitive symptoms	6
Additional symptoms	7
Degree of illness progression	7
Co-occurring conditions	8
Changing diagnoses over time	9
Identifying and mapping your loved one's symptom situation	9
Medication & Treatment Management	9
What support does your loved one need?	10
Daily activities assessment	10
Social activities	10
Psychoeducation & therapy needs	12
Independent living needs	13
Part 1B: College and University-Related Housing Needs	15
Important Steps	16
Various Services on Campus may be available to help navigate this journey	17
Disability Services Offices	17
Residential Advisors (RAs) and Housing Staff	17
Off-Campus Referrals	17
Counseling and Psychological Services	18

Understanding Your Loved One's Situation

Housing is not one-size-fits-all, so it is important to first fully consider your loved one's unique requirements when creating your housing plan.

Age

Age is essential in determining appropriate housing for your loved one.

Younger adults in their 20s or 30s are often at a transitional stage of life and may benefit from environments that blend independence, structured support, and opportunities for social connection. For instance, a younger person might thrive in a communal setting near a college campus or in housing programs that offer life skills training – like creating routines, medication management, and educational or job training.

Adults in their 40s or later may have worked, lived independently, or raised a family. They may prefer housing options that provide some autonomy but also have accessible mental health services—like on-site case management or therapy referrals. This can help maintain or regain independence while ensuring safety and stability.

Older adults in their 60s and above might also require housing with age-friendly features such as ramps, handrails, or on-site medical care. They might also benefit from programs that address isolation and support daily living activities.



Personal status

Effective housing decisions start with a clear understanding of how schizophrenia is currently impacting your loved one. Key factors include symptom severity, co-occurring conditions (like substance use or physical health issues), treatment history, and family dynamics. Additionally, it is critical to consider your loved one's personal needs, goals, and preferences such as:



Safety and Stability: A secure, calm environment with physical and emotional security features, including adequate locks, and staff or neighbors who understand and respect those living with a psychosis-related disorder. Predictable routines, dependable support services, and a reliable daily structure can be helpful.



Hobbies and Activities: Access to hobbies, group activities, wellness initiatives, and opportunities for stimulation and growth. Consider proximity to opportunities to explore personal interests. For example, if they enjoy gardening, you might look for access to green space or a community garden. If art or music is a passion, look for access to a studio or classes.



Social connection and belonging: Think about the level and type of desired social interaction, from communal housing settings with built-in social support to more private, quiet settings. A sense of belonging can also come from living near loved ones, sharing space with supportive roommates, or participating in a community with shared values.



Life goals and personal strengths: Tailor housing options to personal goals like returning to work, pursuing education, or focusing on wellness. Look for housing environments that offer opportunities for continued learning and self-improvement—like vocational training programs, support groups, or access to libraries and educational resources.

As you explore each of these personal needs, journaling can help you reflect on your loved one's hobbies, life goals, strengths, preferences, and safety considerations in writing. In Part 2 of the [**“I’m Diagnosed, Now What?” Toolkit**](#) (see pages 7 – 10), you’ll find interactive fillable worksheets to help guide your thoughts and organize priorities.

Evaluate the option of living at home with family

For some families, having their loved one live at home may be the most affordable and supportive solution. Living at home may offer familiarity, comfort, and the ability to closely monitor mental health and treatment and medication management. However, arrangements for living at home need to include an open and respectful dialogue about the family's capacity to meet the evolving needs of the loved one.

What might start out to be a practical solution could become more complex if your loved one's symptoms become harder to manage or if the family encounters unexpected financial challenges or emotional stress. While these options outside of the home might require a financial investment or a transition period, they can often provide what can't be done at home, such as treatment team support, therapeutic/skills training, and interaction with peers.

Regular discussions about expectations, responsibilities, household roles, and boundaries can help ensure care feels balanced and manageable. A therapist can help with these conversations. Also, some relevant guides that could be helpful include:

- SAMHSA's ["Supporting a Friend or Family Member with Mental Health Problems"](#) guide
- HelpGuide's ["Dealing with Difficult Family Relationships"](#) article

Practical changes can also make living at home easier—like rearranging a living space for privacy, ensuring a quiet area for personal needs of both the caregiver and the diagnosed, or creating a daily routine that promotes structure and stability. You can explore this in the [Stability and Environment Worksheet](#).



Assess Your Loved One's Clinical Requirements

To choose housing that truly supports your loved one's well-being, start with a clear and comprehensive and compassionate assessment of their clinical situations, including symptoms and day-to-day needs.

Symptom management (positive, negative, cognitive, and more)

Schizophrenia is characterized by three categories of symptoms: positive, negative, and cognitive. These may shape what kind of housing environment works best. In addition to these symptoms, your loved one could be experiencing other symptoms that influence the kind of housing that would be the best for them. Understanding the symptoms they are or have experienced, and their ability to manage them will inform them what they need for housing.

To further understand navigating the main types of symptoms, see pages 5 – 6 and 15 – 17 in [Part 1 of the “I’m Diagnosed. Now What?” Toolkit.](#)



Housing can play a meaningful role in managing symptoms and supporting everyday life skills.

— One recent study showed that living arrangements were linked to differences in symptoms and functioning, with those living independently often needing additional support. The study also emphasized the importance of providing education and resources to family members to create a supportive environment for recovery (Ang et al., 2021).

Below are considerations and questions to ask about core symptoms of schizophrenia as they pertain to housing:



Positive Symptoms (Hallucinations, Delusions, Psychosis, etc.)

When positive symptoms are frequent or intense, your loved one may benefit from structured housing environments with readily available support, such as on-site staff, close accessibility to mental health services to address crises or challenges quickly. Some questions to ask are:

- Are trained staff available on-site or on-call?
- Are there peer specialists for added support?
- Are there quiet spaces for decompression?
- Are there crisis protocols in place?



Negative symptoms

Negative symptoms, such as low motivation or social withdrawal, may be supported by housing that offers routine and structure, gentle prompts, and opportunities for social engagement. Some questions to consider:

- Are there scheduled group activities or peer support groups?
- Do staff members provide reminders and support for daily tasks and self-care?
- Do they help nudge or motivate in the right direction?
- Is there a focus on skill building (e.g., cooking, budgeting, or communication training)?



Cognitive symptoms

Cognitive challenges may make it harder to manage everyday tasks like keeping track of appointments, following routines, or handling finances. Structured housing that offers visual reminders, simplified steps, or technology-based tools for everyday tasks may be helpful.

Some questions to ask:

- Can staff or family members assist with tasks like meal planning, medical appointments, or medication reminders?
- Does the housing program use technology (e.g., reminder apps, e-calendars) to support everyday tasks?
- Are visual aids or step-by-step supports used?
- Do staff or family have strategies to address cognitive changes—like using color-coded systems, to-do lists, or simplified instructions?

Additional symptoms

In addition to core symptoms, additional challenges such as medication side effects, co-occurring conditions, or past psychiatric experiences can affect housing needs:

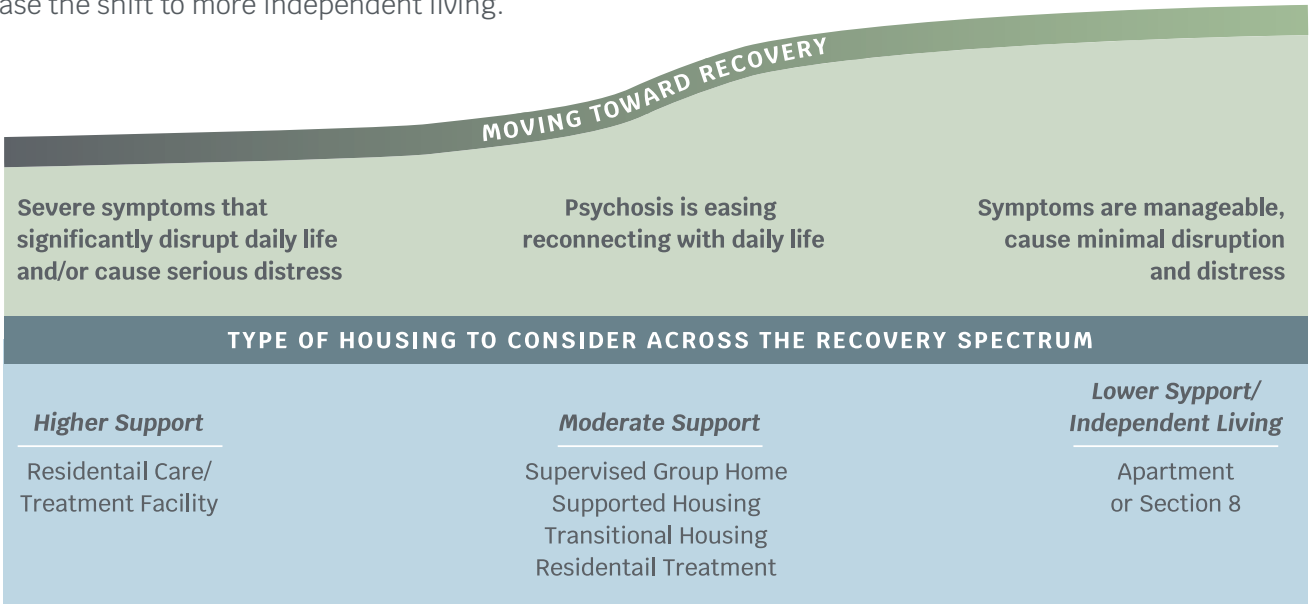
- **Anosognosia** (lack of insight) may make it hard for individuals to accept housing or treatment support, but housing staff trained in communication strategies can help move towards engaging more in treatment
- **Medication side effects** may include nausea, headaches, digestive issues, or weight gain, so regular monitoring in a housing environment may be beneficial
- **Withdrawal symptoms** may disrupt daily routines and impact housing stability, so professional support during tapering or detox is crucial.
- **Mood changes** might also have an impact on housing considerations. For example, bipolar symptoms might include mania (elevated or irritable mood, impulsive behavior) or depression (persistent sadness, low energy). Both extremes may require certain assistance with tasks critical to maintaining housing, such as keeping appointments, regulating mood, or following a budget.

Look for housing that addresses both the symptoms of schizophrenia, as well as additional challenges that affect daily life.

Degree of illness progression

The course and progression of schizophrenia can vary widely from person to person. Some individuals experience severe short episodes existing alongside some relatively stable periods, while others have more chronic, persistent symptoms; some can have a complex combination of both.

Recognizing the stage of illness with your loved one can guide you to which type of housing might be most supportive. For individuals in more acute phases—or those who have recently been discharged from an inpatient setting—transitional housing with closer supervision may be necessary to prevent relapse and ease the shift to more independent living.



Someone who has achieved some degree of recovery might benefit from an environment with greater autonomy and flexibility. This housing option might be an apartment with community support, or a part-time residential program focused on vocational training or independent living skills.

Co-occurring conditions

Many people living with schizophrenia or psychosis-related disorders also have additional challenges, such as substance use disorders (very common), major depression, anxiety disorders, or physical health conditions. These co-occurring challenges can complicate the process of finding suitable housing and determining the level of care required. Symptoms might overlap or worsen one another; for instance, depression can intensify the negative symptoms of schizophrenia, while unmanaged anxiety may interfere with daily activities crucial for maintaining stable housing.

It's important to note that some housing facilities offering dual diagnosis treatment may unintentionally place more emphasis on substance use than on the unique needs arising from schizophrenia or psychosis. For instance, while many programs take an integrated approach, certain centers may lack the expertise to address the complex symptoms of psychotic disorders. This discrepancy could stem from a misunderstanding of how individuals sometimes turn to substances to cope with psychosis symptoms, which can create a cycle that worsens both conditions. The misunderstanding might also miss the complex interactions between having multiple co-occurring mental illness diagnoses.

Because “dual diagnosis” can mean different things in different housing programs, seek clarity on exactly how each facility addresses co-occurring disorders. A quality dual diagnosis program should assess the primary condition—such as schizophrenia—while also offering specialized support for the other mental health challenges, rather than narrowly focusing on one diagnosis at the expense of the other.

As you or your loved one explores dual diagnosis facilities, consider asking:



- Are staff trained in psychosis-specific interventions, as well as how to adapt treatment plans for those living with schizophrenia?
- Do they have evidenced-based practices covering both or multiple diagnoses?
- What is the level of coordination between mental health services and any specialized types of treatment on-site?
- Does the facility partner with external specialists if needed?

These questions help ensure you or your loved one receives truly comprehensive care that meets your full spectrum of recovery needs.

Changing diagnoses over time

Diagnosed individuals may experience changes to different diagnoses over time – for example from bipolar disorder to schizoaffective disorder with bipolar type, or from cannabis-induced psychosis to a schizoaffective disorder. Each change in your loved one’s diagnosis should be accompanied by a reassessment of the housing situation to see if there could be a better fit as needed. For example:

- Someone initially diagnosed with bipolar disorder might experience prominent mood episodes as their primary challenge, then later having psychosis challenges.
- However, if the schizophrenia diagnosis evolves to schizophrenia with bipolar type, the presence of persistent psychotic symptoms alongside mood episodes introduces a new layer of complexity.

Identifying and mapping your loved one’s symptom situation

The [ADL’s & Symptom Severity Worksheet](#) section on symptoms asks questions focused on the areas of highest priority to take into consideration for your loved one.

Medication & Treatment Management

Medication management is critical for many individuals living with schizophrenia or psychosis-related disorders. Assessing your loved one’s ability to adhere to a prescribed treatment plan—medication schedules, therapy appointments, and follow-ups—is central to deciding how much support they may need.

In some cases, they may only need simple reminders or periodic check-ins to ensure they’re taking medication as prescribed. Others may benefit from more structured environments where a caregiver or staff member can directly manage the timing and administration of medication. Assess your loved one’s needs for treatment in the [Treatment Management Worksheet](#).



What support does your loved one need?

Daily activities assessment



Your loved one's ability to independently manage activities of daily living (ADLs) is also foundational for selecting the most appropriate housing option, in addition to symptoms for daily living needs. ADLs are the regular routines and tasks that enable a person to live independently. Use Your Loved One's [ADLs & Symptom Severity Worksheet](#) to analyze the situation.

Work with a healthcare provider to **conduct a daily activities assessment** to determine your loved one's readiness for independent housing as well as identify areas where supportive services might be required to reduce daily stressors and improve stability.

For example, someone who can handle most self-care tasks but struggles with medication management may benefit from semi-independent living that offers medication reminders or an on-site nurse. On the other hand, an individual requiring more intensive ADL support might thrive in a group home with around-the-clock supervision or accessible staff.

Social activities



Regular engagement with structured and informal group interactions can build social connections and belonging. Appropriate housing that supports healthy social interactions not only improves emotional well-being and reduces loneliness but also serves a protective factor against relapse, facilitating adherence to treatment plans and fostering an overall sense of belonging.

From a recent study, the quality of interpersonal relationships and frequency of social interactions are strongly associated with improved personal recovery outcomes in individuals with psychotic disorders (Linde et al., 2023).



For example, being close to the loved one's peer support network can include benefits like receiving practical daily help, emotional support, assistance with moving, advice about home budgeting, or emotional support through stressful transitions. These connections may also provide referrals to more stable or suitable housing options or direct your loved one to local resources like subsidized housing programs, local nonprofits, or faith-based organizations that offer specialized support.

Consider residences with access to:

- Community centers
- Libraries
- Faith-based organizations
- In-person peer support groups.
- Social or recreational groups

Alternatively, some supportive housing models offer on-site activities, such as shared dining spaces, group therapy, or recreational programs, which help residents develop friendships and mutual aid networks.

Clubhouse International offers a supportive, recovery-oriented environment where members can engage in meaningful work, educational pursuits, and social connections—factors known to reduce isolation and help individuals maintain their homes.

Similarly, local parks and recreation departments often host low-cost or free group activities that foster a sense of belonging and routine. Run a ChatGPT or Google search using the name of your county followed by “community services” to locate your county's recreation-related department website to see upcoming events.



A recent paper found that one's environment can directly affect the negative symptoms of schizophrenia. For instance, being at work or school may reduce these symptoms, while being at a friend's house can boost motivation for social activities. Companions also influence their social interests and enjoyment (Luther et al., 2024).





Psychoeducation & therapy needs

Evidence-based treatments should play a key role in evaluating housing options. Consider asking whether the facility itself offers—or partners with local providers who offer—specialized interventions for schizophrenia and psychosis related disorders. These include:

- **Cognitive Behavioral Therapy for Psychosis (CBTp)** uses techniques that help individuals recognize and manage distressing thoughts and beliefs tied to psychosis. Refer to [Stanford’s INSPIRE program](#) fact sheet.
- **Dialectical Behavior Therapy for Psychosis (DBT-P)** focuses on mindfulness, social connection skills, emotion regulation, and distress tolerance. See a detailed overview of DBT on [this webpage](#)
- **Cognitive Remediation Therapy (CRT)** helps improve cognitive functions like memory, attention, and organizational skills. Refer to the Association for Behavioral and Cognitive Therapies (ABCT)’s website for detailed explanation of CRT.
- **Family-based education programs**—whether through Coordinated Specialty Care (CSC) clinics or via standalone programs—can help family members and loved ones learn how to better communicate and support one another.
- **Motivational Interviewing** can help find internal drive to make positive changes in the recovery journey and further enhance your loved ones’ engagement and sense of personal empowerment. See the [Psychiatric Times - Using Motivational Interviewing to Improve Health Behaviors in Psychotic Patients: section “Psychotic symptoms and motivational interviewing applications”](#)

If these therapies are not offered onsite in the housing option, consider asking about referrals with local outpatient programs, community mental health centers, or telehealth providers.

Independent Living Needs

Closeness to key support systems is essential while considering housing options:



Transportation access—such as walkability to bus routes, subsidized ride-share programs, or paratransit services—support consistent attendance at medical appointments, therapy, and social activities. The following resources can help with finding accessible transportation options nationwide:

- National Aging and Disability Transportation Center offers a searchable database
- [Community Transportation Provider Map from the National Center on Mobility Management](#) to identify approximate locations of transit agencies and organizations
- [Easterseals Transportation Initiative](#) to find accessible transportation services and systems
- [On The Go](#) helps overcome transportation obstacles for people with disabilities by providing safe and affordable rides
- [Lyft Healthcare](#) or [Uber Health](#) provide rides to healthcare settings. [GoGo service](#) can be used to ride with a phone call for those needing more assistance using technology
- **State & Local Transit Authorities:** Check your state's Department of Transportation website (e.g., [Caltrans](#) in California) for regional programs
- **Medicaid Non-Emergency Transportation (NEMT):** Contact your state Medicaid office (e.g., State of Virginia's ModivCare) for eligibility in free or low-cost medical transportation.



Trusted family or friends being close can be important. Some loved ones may prefer semi-independent living with check-ins rather than co-residing. A housing arrangement that allows regular visits or easy reach from the support system promotes emotional stability and fosters a network of assistance.



Emotional support animals can help navigate symptoms, reduce stress, and support overall recovery. For more information about emotional support animals in housing, refer to **this fact sheet** and a **sample letter from a provider** that can be used to request accommodation.



Employment opportunities should be available such as nearby part-time roles, career workshops, job coaching, or supported employment programs. The [Job Accommodation Network](#) helps employees and employers figure out how to best support individuals' unique needs.



Educational resources are essential to enable the pursuit of a GED, trade school certificate, college classes, or community workshop.



Healthcare services must be accessible, such as mental health clinics, labs, hospitals, pharmacies, and crisis services to help prevent any gaps in care.

Occupational Therapy / Employment Supports

Occupational therapy (OT) can build or rebuild the skills needed for independent living, and a detailed overview can be found [here](#). Through OT, individuals can learn skills that are essential to live independently, such as daily routines, personal care, time management, and organization. These are not typically offered within housing options, but depending on where your loved one lives, the housing situation might be able to support:

- **State Vocational Rehabilitation Supports** can fund job training, access to assistive technology, and job coaches for people with disabilities.
- **American Occupational Therapy Association (AOTA)** shows how to locate certified therapists.

Peer Specialist Programs

Peer specialists—often individuals with lived experience of schizophrenia or similar conditions—can offer one-to-one mentoring, facilitate support groups, and share insights into the mental healthcare system and retaining housing; connecting with others who have walked a similar path can foster hope, resilience, and practical know-how for housing needs.

S&PAA provides many support groups for people with schizophrenia and related psychosis disorders and their care partners. Joining a support group can provide empowerment, offer validation, and provide essential tools and strategies for navigating the recovery journey with confidence and resilience.

To learn more, register and receive information on days/times, visit our [Peer Support Groups](#) and [Caregiver Support Groups](#) webpages.

Also, consider looking into treatment clinics near you that provide peer support services— these peer specialists can be helpful to receive local guidance on navigating the housing situation in your city or county. Perform a Google search using the keywords “Peer support in treatment clinics near me” or “Peer support organizations in my state.”



We Need Housing! Now What?

Understanding Your Loved One's Situation

Prepare. Communicate. Plan ahead.
Learn what campus housing
offers—and what your student
needs—to build a safe, sustainable
living plan.

College & University-Related Housing Needs

The journey of a young adult in college is often marked by exciting transitions and newfound independence. However, the emergence of schizophrenia or a related psychosis disorder during this pivotal time can introduce significant complications, particularly for maintaining and securing stable and supportive housing. By exploring university policies and potential accommodations, young adults and their support people can navigate this often-challenging path of securing housing.

Here are some important steps to take:



Take Action: Often, the student may be expected to initiate contact with the university services or offices. Loved ones can offer support in making the call or attending the appointment with the student's explicit consent.



Stay Focused: Clearly articulate the need for off-campus housing and the reasons why on-campus options are not suitable (e.g., need for more quiet, privacy, proximity to specific off-campus treatment).



Document Everything: Take notes on who you spoke with, the dates, and the information provided. Write down any resources available that could help your situation: [University Student Insurance](#), Social Worker support, hospitalization records, etc.



Consider Medical Withdrawals and Readmission Policies: If a student needs to take a medical withdrawal or leave of absence from the university due to their condition, the housing contract may have specific clauses regarding refunds or early termination. If readmission is explored later, the student will likely need to reapply for housing and work with disability services again to ensure appropriate accommodations are in place.



Learn More: Visit these related articles [Resource Guide for Students with Psychiatric Disabilities](#) and [Mental Health Disability FAQs](#)



Various services on campus may be available to help navigate this journey

Disability Services Offices

Most universities have a disability services office responsible for overseeing that reasonable accommodations are made to support academic needs and accessibility of university housing. To access these services, you will likely need documentation from a qualified mental health professional (psychiatrist, psychologist, etc.) outlining your loved one's diagnosis and the recommended accommodations.

Considerations in securing university housing could include:

- **Assignment to a single room:** This provides a quieter and more private environment.
- **Proximity to support services:** If the university has on-campus counseling or health services, you might request housing closer to these resources.
- **Transfer options:** If the current housing situation becomes unmanageable, they may be willing to facilitate a room transfer.
- **Emotional support animals:** Following university policies, they can help with the process of having an emotional support animal if recommended by a mental health professional.

Resident Advisors (RAs) and Housing Staff

While RAs are primarily responsible for community building and enforcing housing policies, they are often trained to recognize signs of distress and can direct your loved one to appropriate resources. Housing staff can assist with the logistical aspects of housing, such as room changes or understanding housing policies. While potentially helpful, these people are not mental health professionals and sometimes might not understand the nuances of schizophrenia or psychosis-related disorders.

Off-Campus Referrals

If university housing cannot adequately meet a student's needs, disability services or university counseling offices may keep lists of off-campus housing options that may be familiar with accommodating students and/or are located near the university. However, these lists can be limited and only serve as a starting point – it's crucial to vet each option thoroughly as the university is generally not directly responsible for arranging or funding off-campus living.

Also, universities may have general off-campus housing resources (websites, bulletin boards, workshops) geared towards all students. These may not be tailored to specific needs but can provide a broader overview of the local rental market. While universities may offer referrals, the responsibility of finding and securing off-campus housing typically falls on the student and their support system.



Counseling and Psychological Services

Universities typically have a counseling center that provides mental health support to students. While they may not directly arrange housing, they can:

- **Provide initial assessments and support:** They can help you understand your diagnosis and develop coping strategies. Every campus may be different in the level of care and attention provided to students.
- **Offer referrals:** They might connect your loved one with off-campus mental health professionals and community resources, which might include information about specialized housing options if available in the area.
- **Advocate for your needs:** They potentially may be able to communicate with the disability office on your loved one's behalf regarding necessary accommodations, however, the level of help offered may vary.
- **Student Health Services:** University health services can play a role in managing your loved one's overall health, including connecting with medical professionals who can contribute to their care plan.

For those with schizophrenia or psychosis-related disorder, navigating university or off-campus housing requires a proactive, persistent, and often collaborative effort. The university can provide initial resources and information, but the primary responsibility for finding and securing suitable housing will likely fall on the students and their support network.

“If you can’t fly, run. If you can’t run, walk. If you can’t walk, crawl, but by all means, keep moving.” — **Martin Luther King, Jr.**



**Shattering barriers to treatment,
survival and recovery for people
with schizophrenia and other
psychosis spectrum disorders.**

Schizophrenia & Psychosis Action Alliance
2308 Mount Vernon Avenue, Suite 207
Alexandria, VA 22301-1328
240-423-9432
sczaction.org

Copyright © 2025, Schizophrenia and Related
Disorders Alliance of America DBA Schizophrenia
& Psychosis Action Alliance (S&PAA). All Rights
Reserved



**Schizophrenia
& Psychosis**
Action Alliance