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Supported Housing Experiences of People with Serious Mental Illness

Troy Mondragon
california state university san bernardino

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SUPPORTED HOUSING EXPERIENCES OF PEOPLE LIVING WITH SERIOUS MENTAL ILLNESS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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Approved by:

Dr. Laurie Smith, Faculty Supervisor, Social Work

Doris Turner, President, R-SB Harbinger Corp.

Dr. Rosemary McCaslin, M.S.W. Research Coordinator

ABSTRACT

The purpose of this study was to explore the perceptions and experiences of people living with serious mental illness (SMI) receiving housing assistance. A qualitative method was used to interview five adults with SMI living in a supported housing model. An Ecological Systems Theory (EST) was used as the theoretical orientation for the study. The major themes related to success of the supported housing that emerged were independence, involvement of owners, bonds with tenants, having access and means to resources, and positive engagement in well-being. No themes of unmet needs were presented.

The study concluded people with SMI in need of housing will benefit by being in a supported housing model such as the one in the study. The two main limitations of the study are small sample size and limits in generalizing beyond the one location.

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DEDICATION

This project is dedicated to the many lives lost to suicide.

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CHAPTER ONE

INTRODUCTION

Housing is essential to well-being. In 1954, Abraham Maslow developed a theoretical model that listed human needs in an ascending order from the most basic, which includes housing, to higher level aspirations. According to the model, people must first fulfill their needs for safety, for belonging, for self-respect and self-worth. This provides a base for self-actualization or achieving one's potential (Barker, 2014).

Within the first set of needs, psychological needs, housing is essential to meeting those needs along with food and water. Housing can affect a person's psychological state if conditions are not safe, if they do not have functioning utilities, or if they face economical distress because of cost. Maslow states that if these basic needs are not met, the organism is dominated by the lower psychological needs, leaving all other personal potential unrealized (Maslow, 1943).

The purpose of this qualitative study was to explore perceptions of people living with serious mental illness (SMI) receiving housing, the services they use, and their overall experience. Presented in this chapter is a brief overview of the problem, the purpose of the study, and the anticipated significance of the study within the field of social work.

Problem Statement

In an interview with Doris Turner, President of the San Bernardino chapter for the National Alliance on Mental Illness (NAMI), she stated that people living with mental illness requiring housing assistance are an extremely vulnerable population. They have medical, social, and economical challenges they must face (personal communication, 2015).

Some of those with SMI are impacted by homelessness. According to NAMI (2015), 18.6% of adults in the US experience mental illness in a year and an estimated 26% of homeless adults who stay in shelters live with serious mental illness.

A historical contributor to current housing circumstances for people with SMI has been deinstitutionalization policies. Deinstitutionalization came forth as a set of policies in the 1970s that focused on preventing unnecessary admissions to psychiatric hospitals and releasing those in psychiatric institutions. The six populations of focus were the following: elderly people, children, people with mental illness or developmental disabilities, criminal offenders, and more currently, the homeless (Mizrahi & Davis, 2008).

Deinstitutionalization emphasized recovery alternatives in the community, improving existing conditions of hospitals, and the view that individuals are entitled to live in the least restrictive environments (Mizrahi & Davis, 2008). According to Steven Segal (1979), in an article published in the National Association of Social Workers (NASW), a focal point of community

care is in the shifting of care that would have otherwise been provided by institutions, to the care of the family. In such instances, the family is the primary care-giver and the hospital and other community based services play supportive roles. Among the many potential limitations of family-centered care, Segal lists availability of family support, willingness of family to assume the primary role, and cost to family.

While in these institutions, individuals with SMI had access to a variety of services and securities, housing being chiefly among them. A significant problem with deinstitutionalization was the lack of attention given to building infrastructures in the communities to handle and meet the needs of such populations (Mizrahi & Davis, 2008). Deinstitutionalization has been criticized for resulting in forced homelessness or filling up community-based facilities that are no better than the institutions they left or would otherwise be in (Mizrahi & Davis, 2008).

Another problem that occurred after deinstitutionalization was accomplished was that the political coalition fell apart and follow-up, or infrastructure building, was not fully developed, further complicating the problem (Mizrahi & Davis, 2008).

According to Nelson (2010) after deinstitutionalization, the common housing approaches for people with SMI have been in the form of custodial, supportive, or supported housing. These housing arrangements will be further explored in Chapter Two. The objectives of each model, in some capacity, are

to essentially replace the services and/or offer living circumstances previously provided by institutions to ensure consumer safety, stabilization, and well-being. According to Nelson (2010), there is still a need to understand how effective these approaches are in achieving improved outcomes for consumers; and this further exploration is the basis of this research project.

Purpose of the Study

The purpose of this study is to better understand the perspective of people with SMI receiving housing assistance in a supported housing model. The purpose is also to inform social workers of outcomes experienced within this particular model.

A qualitative approach was used due to the method's ability to capture data from the individual's subjective reality. By gaining direct participant perspective, the profession will have client-centered research that can guide client-centered interventions. Although qualitative research is limited by sample size and results cannot be generalized, the research will provide insight locally into a particular model.

Interviews were recorded by note-taking throughout the interview. Data was then coded as themes were revealed. After a thorough analysis of the data, the final report was written and ready for dissemination to the social work profession. The needs addressed in this study are micro and macro. Micro needs were basic necessities, clinical needs, and support systems. Macro needs concern community resources, neighborhood conditions and advocacy.

Significance of the Project for Social Work

The significance of this research project to social work is that social workers will gain a better understanding of how people with SMI experience supported housing. Regional social workers will benefit due to the locality of the study. This study may reveal practices that are effective and discover unmet needs. Discovering unmet needs can then be used to inform programs to adjustments that can increase the efficiency of services, help stabilize people, and reduce hospitalizations. As well, the research may be used to develop a supported housing agency for people with SMI.

The phases of the Generalist model that are informed are both micro and macro in the areas of assessment, planning, implementation, and evaluation. The primary areas informed concern the planning of housing programs and their implementation.

This research will also contribute to existing literature on supported housing experiences and provide direction for future research. It may direct a later quantitative approach to discover if similar experiences apply to larger portions of the researched population.

Further qualitative research can be conducted in various cities, townships, and counties that can compare regional responses using this study as a guide. Interview questions may be guided by the results in an attempt to build off of the findings.

The research questions guiding this study (Appendix A) include the following:

1. How long have you been receiving housing assistance?
2. How would you describe your current living situation?
3. What services do you use, and do these services meet your needs?
4. Do you feel there are enough services to meet your needs; if yes or no, why?
5. How would you describe your quality of life in your current housing situation?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The purpose of this literature review is to assist the researcher in developing a familiarity with the subject matter for this exploratory research. The literature reviewed in these sections pertains to housing models commonly used for people with SMI and the theoretical orientation guiding this study.

Housing Models

Since deinstitutionalization, the most common housing models have been custodial, supported, and supportive (Nelson, 2010). Custodial housing is commonly known as board-and-care housing. In a board-and-care home, residents receive custodial care such as medications and meals but little in terms of rehabilitation and support that would lead a person to independence (Nelson, 2010). Disadvantages noted by Nelson (2010) include decreased privacy, typically poor physical quality of housing, care and dependency on staff, and residents having little control over their environment.

Supportive housing focuses on actively providing care and activities that promote life and social skills, independence, and work (Nelson, 2010). Examples of this model are halfway houses, group homes, lodges, and

supervised apartments. An emphasis within this model is that consumers are expected to move out to less restrictive settings (Nelson, 2010).

Supportive housing was designed to help vulnerable persons, such as those with serious mental illness, gain stability, decrease homelessness, and decrease vulnerability to health and safety problems (Owczarzak Dickson-Gomez, Convey & Weeks 2013). Support in association with housing needs builds on the concept that certain populations, such persons as those with serious mental illness require additional support services. Nelson and Aubry (2007) state that housing with the inclusions of services increase improvements in outcomes such as well-being and decreases hospitalizations. Supportive services for persons with serious mental illness may include case management, recovery support groups, crisis intervention, individual and group counseling, computer and vocational training, free school-aged child care, and personal development workshops (Collard, 2008).

Lastly is the supported housing model. This model follows to a “housing first” approach in which consumers get to choose and keep their housing while supportive staff assist in finding homes and not specialized housing programs (Nelson, 2010). In this model there are no requirements for treatment, sobriety, or without symptoms. In this approach, the distinguishing aspect is that housing and support are de-linked (Nelson, 2010).

A fundamental difference between supportive housing and supported housing is that services are delinked. In supported housing service provision is

not built into the housing program (Nelson, 2010). In this model consumers have more choice over their particular house and as to what services they want to use (Nelson, 2010). With regard to choice, the supported housing model also appears to be consistent with social work's empowerment and self-determination approach. The model that literature suggests for those with SMI is permanent supported housing (Nelson, 2010).

Throughout the review of literature two themes came up concerning location and social networks. Kloos and Shah (2007) indicate that location is a significant concern because of the prevalence of poor housing conditions amongst people with serious mental illness. Zippay and Thomson (2007) report that housing for the mentally ill is likely to be located in dense, low-income inner city neighborhoods. The authors also report that current arguments concerning this pattern are that these practices segregate rather than integrate. Negative effects of this pattern include social isolation, racial and income segregation, safety issues, and reduced access to jobs and employment contracts.

Social networks were also noted as playing a significant role. Pinto (2006) points out that social networks of mentally ill persons impact both their well-being and use of mental health services. He further explains that the social network represents the totality of a person's relationships and persons with serious mental illness with strong supportive networks are more likely to

use services and, thus, interventions should be tailored to increasing such persons networks.

Theories Guiding Conceptualization

The theoretical framework guiding this project is Ecological Systems Theory (EST) as delineated by Urie Bronfenbrenner (1979). Selection of this theory was based on the holistic view of person-in-context. EST emphasizes the importance of studying human development in context of what is perceived, desired, feared, thought about, or acquired as knowledge.

An ecological framework will also help develop a systems understanding as it relates to goodness of fit and housing for people with SMI. Having this framework may also help identify problems and unmet needs existing in systems that do not directly involve the participants but affect them. For these reason's EST has been determined to be good fit for this qualitative research.

Concepts of Theory

Following is a description of each system along with two other concepts, habitat and niche, that will be of use in guiding the study.

Bronfenbrenner (1979) identifies five systems; however, for purposes of this research project only the first four will be used. The fifth system, the Chronosystem, deals with sociohistorical circumstances. The four systems of EST being are the following: Microsystem, Mesosystem, Exosystem, and Macrosystem.

The Microsystem consists of complex relationships experienced by the person and the environment in an immediate setting. Setting refers to the physical place where people participate in activities and roles (Bronfenbrenner, 1979). In the case of this study the house serves as the "setting."

The Mesosystem consists of interrelations among the major settings (Bronfenbrenner, 1979). These settings are places where the person is actively involved or could be involved such as school, church, and civic engagement groups (Bronfenbrenner, 1979). The mesosystem then can be considered a system of microsystems. In the case of this project the mesosystem of participants may include a day center and/or social service agencies.

The Exosystem, too, is comprised of relations amongst settings. These settings, however, are settings the person is not directly involved in (Bronfenbrenner, 1979). Although the person does not actively participate in these settings, the person is impacted by them (Bronfenbrenner, 1979).

The structures in the mesosystem are considered to be the major institutions in society (Bronfenbrenner, 1979).

An institution that may affect people with SMI in housing are housing policies decide on by the government.

Bronfenbrenner (1979) describes the macrosystem as being the "blueprint" by which all other systems (micro, meso, and exo) are influenced.

Within this blueprint are cultural values, norms, ideologies, and belief systems (Bronfenbrenner, 1979). The macrosystem, as it pertains to housing, may include the stigma of mental illness potentially contributing to renter discrimination.

In addition to Bronfenbrenner's EST, habitat and niche are concepts that will be used in conceptualization. A habitat is a place where organisms or persons live amongst physical and social settings (Hepworth, Rooney, R. H., Rooney, G. D., & Strom-Gottfried 2013). When habitats are rich in resources people often thrive, while a deficiency of resources may negatively affect individuals (Hepworth et al., 2013).

A niche consists of statuses and roles unique to a person (Hepworth et al., 2013). Hepworth et al., (2013) emphasize that finding one's niche in society is important to obtaining self-respect and a stable sense of identity.

Summary

Discussed in this chapter is a review of literature concerning deinstitutionalization, three types of housing models used for people with SMI, and the EST theoretical orientation used for the study. The three models reviewed were custodial, supportive, and supported housing. Along with EST, ecological concepts such as niche and habitat were considered. Literature findings supported a supported housing model for people with SMI (Nelson, 2010).

CHAPTER THREE

METHODS

Introduction

The purpose of this qualitative study was to explore the perceptions and experiences of people with SMI receiving housing assistance. Presented in this chapter are the methods used to discover these perceptions. This chapter includes study design, sampling, data collection, instruments, procedures, protection of human subjects, and the data analysis.

Study Design

Grounded theory was the research model used for this project. Grounded Theory is a branch of interpretive research and emphasizes a person's subjective interpretations as the reality to be studied. The study used a qualitative methodology. Interviews with five of the seven targeted housed SMI participants were conducted using questions concerning their perceptions and experiences with their current housing situation.

Through the analysis of the cumulative data, themes emerged that were useful in developing approaches in addressing housing for people with SMI listed in Chapter Five, Recommendations for Social Work. Implications include adjustments to existing housing programs, a bases for policy advocacy, and direction for future research. Limitations of the study include sample size and location.

The questions that guided this study (Appendix A) include the following:

1. How long have you been receiving housing assistance?
2. How would you describe your current living situation?
3. What services do you use, and do these services meet your needs?
4. Do you feel there are enough services to meet your needs, if yes or no, why?
5. How would you describe your quality of life in your current housing situation?

Sampling

Nonprobability purposive sampling was used in this study. The study involved interviewing five participants. Each participant was an adult and resident of R-SB Harninger Corp. apartments. Due to the small sample size no demographic or identifying information was taken in order to ensure privacy and confidentiality.

Access to this population was gained with the permission of R-SB Harninger Corp., a non-profit organization that provides long term housing to adults with SMI. The housing is located in San Bernardino County, in a medium sized city. This location was selected due to the supported housing model being used and to provide a contribution locally on issues concerning housing for people with SMI.

Data Collection and Instruments

The owners of the apartments introduced the researcher to the on-site tenant house manager from which all other participants were introduced. Contact with participants was made at their residence. They were asked if they would be willing to participate in a voluntary and confidential interview concerning their housing circumstances as consumers for a graduate social work project. Each participant was willing to participate and expressed eagerness to share their story.

Participants were given and read the consent form (Appendix B) and asked if they had any questions. All participants understood the consent form and signed an “X” while one provided a name to acknowledge and agree to the interview. Data was recorded by note taking during the interview and was kept in a locked storage unit.

The instrument used was an interview schedule (Appendix A). The schedule consisted of five questions designed to be beginning points of discussion. Participants spoke freely and discussed other aspects of the questions as was relevant to them. Probing questions were asked to gather further data on responses.

A time limit was not set for the interviews; however, no interview went beyond 30 minutes. Not having set a time limit was to allow participants and interviewer to be free of time restrictions that could have possibly limited the

amount of data retrieved. Participants were also were given time after the interview to add any other information not asked about during the interview.

A strength of this data collection method was that it captured participant's perception in their house, or immediate setting. This allowed participants to feel comfortable, which may have encouraged participant disclosure. Another strength was the recording of the interviews by note-taking. This allowed for multiple reviews of the data and captured points of emphasis or subtleties during the interview potentially not captured by other means of recording, such as solely digital.

The most notable limitation was that the research drew from a small sample and cannot be generalized. The sample came from a specific housing model limiting findings solely to supported housing. As well, only five of the seven participants were available for interviews. Another potential limitation could have been if participants responded in a favorable way intentionally. This limitation could have been caused because the owners directly introduced the researcher and participants may have been concerned about them finding out.

In addition to those limitations, Grinnell and Unrau, (2011) list there four other possible limitations with qualitative research and they are the following: direct lying because of not knowing the answer, making mistakes without realizing it, giving inaccurate answers without realizing it because they misunderstood the question, and the inability to remember.

Procedures

The School of Social Work IRB sub-committee granted approval for the researcher to go to the living quarters and ask residents if they would like to participate in a voluntary and confidential study. Participation was strictly voluntary and no form of gifts or compensation was offered.

Interviews took place at the residence of the participant in a safe and private area. The tenant on-site housing manager was there to ensure safety and handle any other accommodations needed. At the beginning of each interview participants were explained the purpose of the study, were given and read the informed consent and asked to sign if they agreed to participate.

Note taking was the only form of recording used during the interview. Participants were explained the purpose of the note-taking and informed that if the note taking made them feel uncomfortable the researcher would stop. Each participant was also made aware that at any time the researcher will address any questions or concerns they may have.

Interviews did not exceed thirty minutes. Interviews ended with an official acknowledgement between interviewer and interviewee. Interviewees then were thanked for their time and willingness to have participated in the study. All data obtained through this study will be destroyed upon completion. To ensure anonymity and privacy names or other identifying information were not taken.

Protection of Human Subjects

The researcher took appropriate measures to ensure participant's protection, privacy, and confidentiality. Individuals were studied through direct question and participants were encouraged to share openly and honestly. Protecting interviewee's privacy and confidentiality was handled with care and with the thorough understanding of each participant. Participants were assigned a number to further ensure confidentiality.

Having completed the required University IRB training, the researcher decided not to ask any identifying information. This is due to the small sample size and the single location of the housing complex. Participants were read the informed consent to ensure they understood the information. All participants were asked if they understood the consent and nature of the study before they signed the forms. Participants were able to obtain a copy if requested. After a thorough understanding of the interview was established the interview began.

The researcher also paid close attention to identify any signs of discomfort and was prepared to take appropriate measures such as change of location or interview termination. In the event that discomfort was to arise, the researcher had a list of resources for the participant. There was not any noticeable discomfort, nor did any participants report discomfort. Participants had direct access to the researcher and the research advisor if they had any questions or concerns.

Data Analysis

After the data was collected each interview was individually reviewed and then reviewed thoroughly as an entire collection. As themes emerged the data was then coded into respective categories. With these categories in mind the collection was repeatedly reviewed while notes on specific commonalities and recurring themes were made throughout the review process.

The findings of the data analysis are described in Chapter Four. The commonalities and themes identified were independence, owner involvement, bonds with tenants, access and means to resources, and positive engagement in recovery.

Summary

Reviewed in this chapter was the methodology used to conduct this qualitative study. Included was the study design, sampling, data collection and instruments, procedures, protection of human subjects, and the data analysis. All data was collected via face-to-face interviews at the participant's residence with appropriate measures taken to ensure privacy and confidentiality.

CHAPTER FOUR

RESULTS

Introduction

The following chapter presents the results of the qualitative data collected during interviews with five of the seven targeted participants. There were four houses on one lot, a multi-family complex, and participants occupied these two bedroom and one bathroom homes with a roommate. The interviews were semi-structured with lead-in questions and allowing participants to expand on the topic. Due to the small sample size no demographic or identifiable information was collected. The major themes that participants presented were independence, involvement of owners, bonds with tenants, and having access and means to resources, positive engagement in their well-being, and no themes of unmet needs were presented.

Presentation of the Findings

Independence

The primary theme expressed was independence. All participants reported feeling the freedom to make their own decisions. This sense of freedom and encouragement was reported as contributing to their recovery. One participant expressed, “I have no one looking over my back and I can focus on what is important” (Participant three, personal communication, May 16, 2015). When asked why that was important to them, the participant responded by saying, “There are already so many rules and regulations with

the other places I go, having this freedom gives me a breath of fresh air" (Participant three, personal communication, May 16, 2015).

Participants reported independence was also encouraging as they were able to live life on their own terms. All participants commented that other housing programs are either overbearing or offer little in support of self-determination.

Independence led to happiness in their lives. One participant expressed, "We have the independence to make our own choices and have the full support of the owners which makes trying to recover manageable and makes me happy" (Participant two, personal communication, May 15, 2015).

When participants were asked if this independence could be lost, participants responded that the only way their freedom and independence could be lost if house rules were broken, such as drinking and drug use, were taking place. It was reported by the on-site house manager that rules are not typically broken because of the amazing opportunity they all have.

Involvement of Owners

All participants expressed gratitude for the owner's involvement. One participant expressed, "All I have to do is call the owners if anything is broken and they fix it and if I can't afford rent they work with me" (Participant three, personal communication, May, 16, 2015).

Participants also felt that because of the owners' having family members with SMI they were more connected and concerned about their

livelihoods. They felt that the owners were not just there for the money but were there to actually help them. They expressed they were able to discuss various issues with the owners that affect their functioning was a major relief. Participant four (personal communication, May 16, 2015) said, “They have been a blessing working with me when I am having financial troubles because I can’t work right now.”

All participants discussed the benefit of having their homes furnished by the owners. Participant five (Personal communication, July 11, 2015) stated, “It is hard living with mental illness, needing a house, and then having to try and get furniture.” Participant three (Personal communication, May 16, 2015) stated, “There needs to be more programs like this, where the owners are helping and caring. There are too many lost people out there that could be saved if more people were like them.”

The involvement of the owners was expressed to be significant and consistent with all participants. All participants referred to the owners as blessing and in some instances angles.

Bonds with Other Tenants

Another significant part of the participants’ housing experience was the bonding and camaraderie amongst all other tenants. Participants expressed being able to call on any of the others for support. It was consistently reported that if they needed to talk through problems, needed food or transportation, other tenants, if they have the means, are more than willing to help.

Participant four (personal communication, May 16, 2015) said, if other people need help I give them food and if I can, give them a ride." Participants expressed that needing other tenants does not happen often, but knowing the support is there made them feel safe.

These bonds were also useful when it came to dealing with crisis. Participants knew they could turn to others in the apartments. This on-site support was important because services are not always available 24 hours a day.

The only reported issue with bonds was reported by Participant five (personal communication, July 11, 2015), "That it has been difficult adjusting to a roommate but I knew this was part of the deal and would eventual adjust."

Access and Means to Resources

All participants reported having the services they need and the means to obtain them. The most common services used were day centers that offered socializing and therapy.

Having health care providers where they were able to see their primary doctor and a psychiatrist was also common.

Participants expressed that the location of the housing was convenient in accessing resources. Participants live within a short travel time, by bus or walking, to downtown where the majority of the services they use are located.

Participants also specified it was convenient to get to grocery stores and clothing stores. Participants expressed the affordability allows them to pay their bills and have money left over for food and other needs.

Another resource found within the group was social support. Some participants expressed having a relationship with God and church groups is critical in their lives. Participant four (Personal communication, May 16, 2015) stated “God and church was the main resource provider.”

Other participants not as religiously inclined commented that socializing and being around others dealing with similar circumstances was a significant source of support. Participant five (personal communication, July 11, 2015) said they did not wish to be around day centers and the like, that she “wanted to feel as normal as possible and so I stay away from those places.”

Positive Engagement in their Well-being

All participants were engaged in their recovery and were positive about their involvement. Participants were engaged in helping others within the apartments, seeking therapy and medical stability, and engaged in community service. Participant four (personal communication, May 16, 2015) reported they had help feed people on Thanksgiving and that made them feel good about themselves.”

Participants were engaged with other tenants to maintain stability. Participants engaged with others in activities such as going to church or having them over for dinner. Participant four (personal communication, May

16, 2015) said, “Having my neighbors over for dinner helps us both stay focused on our recovery.”

Community service played a role in three of the five participants. It was identified as giving to the church, helping with support groups, giving food to those in need, and talking with others about recovery. Participants reported this gave them hope and made them feel connected to others.

Summary

Five participants were interviewed at their residence where they were living in a supported housing model. No demographic information was taken to ensure privacy and confidentiality. The major themes presented in this chapter were independence, involvement of owners, bonds with tenants, and having access and means to resources, and positive engagement in their well-being. No themes of unmet needs were presented.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this study was to explore experiences of people with SMI living in supported housing. The major themes found were independence, involvement of owners, bonds with tenants, access and means to services, positive engagement in recovery, and no themes of unmet needs were presented. Consistency in responses were found amongst all participants. The following is a discussion of these themes and EST, limitations of the study, and recommendations for social work practice.

Discussion

Independence

The sense of independence was highly noted amongst all participants. There appeared to be a relationship between self-determination and recovery. Participant three (personal communication, May 16, 2015) had commented that the freedom to make decisions itself contributed to their recovery. Phrases such as “life on my own terms,” “no one looking over my back,” “fewer rules and regulations,” and “freedom” were commonly used amongst all participants.

This sense of independence also benefited participants’ optimism about their recovery. It seems there is a relationship between participants’ sense of independence and their overall positive experience with their housing and quality of life. These positive responses relating to independence are

consistent with the said benefits to persons with SMI in a supported housing model (Nelson, 2010).

Involvement of Owners

When participants were asked about how they felt about their housing circumstances, all responded positively and immediately followed with comments of appreciation for the owners. Participants felt the owners responsiveness to housing needs was influenced because the owners are family members of people with SMI.

The fact that it was known to all the participants that the owners were family members of people with SMI demonstrated it was significant to their housing circumstances. This sense of connection and understanding with the owners and also contributed to their feeling secure with their housing.

Participants spoke about the responsiveness of the owners. It was generally noted that owners would respond and arrive at the houses within 3 days to fix anything. Participant four (personal communication, May 16, 2015) reported that pest sprays are done routinely. The responsiveness of the owners not only demonstrates being a responsible renter, it also ensures the dwelling has safe and functioning conditions. With the positive responses concerning conditions, the upkeep provided a sense of safety and contributed significantly to their overall positive experience.

It was expressed that having the home completely furnished was a significant help financially. As participant five (personal communication, July

11, 2015) commented on the stress relief of having all their furniture as it was difficult living with SMI and needing a house. This additional stress relief appeared to contribute to comfort and stability.

Bonds with other Tenants

All participants consistently cited bonds with other tenants as being significant to them. What appeared to bond them most was the security each participant had knowing they could depend on the other tenants; if problems such as food shortage or other crisis arose, they knew their fellow tenants would help. Bonds also allowed tenants to discuss general concerns of support, e.g., stability, which contributed to a sense of community. I believe this bond of common experience and common needs provided a sense of community for participants, which I also believe contributed to their overall security with their housing circumstances.

Proximity to one another also played a role in facilitating interaction that led to bonding. There were 4 houses on one lot, a multi-family complex, and participants occupied these two bedroom and one bathroom homes with a roommate.

I believe living with another consumer contributed to participants feeling secure in times of crisis. Knowing that the most immediate person to them was familiar with what to do in crisis appeared to be reassuring when participants discussed this aspect.

The positioning of three of the homes were nearly side-by-side in a row. These tenants by design had interactions with one another. There was one exception: one house was positioned behind the row of three. Those tenants, however, were still close enough to the other homes to maintain interactions and a sense that there was a ‘grouping’ of homes. This positioning of the homes also lent itself to a sense of community.

Access and Means to Resources

All participants received housing aid and other financial resources such as SSI and Social Security.

Participants were satisfied with their ability to access resources and reported having the means to obtain them as well. Having the housing situated close to downtown, walking or a quick bus ride allowed participants to comfortably get to or get the resources they needed. Participants had access to nearby low-cost grocery store and several nearby thrift stores for affordable food and clothing. There were also food banks nearby.

A significant contributor to participants having the means for resources was the affordability of their housing. Rent varies from tenant to tenant according to what they can afford in any given month. This sliding scale, rather than a mandatory percentage, was allowed by grants and other funding sources. This flexibility allowed for tenants with late rent to catch up without being financially penalized or jeopardize their housing.

The structure of the housing company was affordable housing but accommodated what was affordable to the tenant *rather* than affordability as defined by the market. This model of provision ensured tenants would have enough for rent, resources, and further builds trust and improve the relationship with the owners which was cited as being significant to the participants.

The services most used were those for socializing and therapy. Socializing was important all participants and most took place at day centers. At these centers they were able to socialize with others with common experiences, which contributed to a sense of belongingness in the community. One participant preferred to stay away from day centers as they stated "wanted to feel as normal as possible" (Participant five, personal communication, July, 11 2015).

Though not all participants were religious or of any particular faith, those who were faith-based found a great deal of strength in their beliefs and practices. Their faith was expressed as a significant resource for them.

Given the emphasis participants gave to whether or not they enjoyed socializing may suggest that, referring back to Maslow's hierarchy of needs discussed in Chapter One, affordability, as well as proximity, have allowed them to satisfy their basic needs and be concerned with others encouraging further development of the person.

Positive Engagement in their Well-being

All Participants intentionally engaged in activities that contributed to their well-being. The most common activities involved therapy, medical stabilization, religious, socializing, and helping others.

Participants presented their involvement in therapy and medical stabilization as routine and without resistance. They were involved with the decisions of their therapist and knew what tasks they needed to complete as it related to their therapy goals.

Participants engaged in religious and socializing activities. These activities were reported to be sources of support that contributed to their well-being. Those with religious beliefs reported that God makes them whole and gave them strength. Those who participated in other forms of socializing were provided with a sense of community that contributed to their sense of belonging.

Participants reported that helping others played a significant role in their feeling of well-being. Participants smiled while talking about helping others and that it made them feel good. Participant four (personal communication, May 16, 2015) reported that helping feed people during the Thanksgiving holiday helped them feel better about themselves. Those who were not as engaged in helping others outside in the community did so within the housing complex and expressed positive feelings being able to do so.

The fact that participants were able to give to others, especially of material goods, suggests participants had basic needs meet. This also concerns the affordable housing model being implemented. If consumers are able to maintain a standard of living, irrespective of personal financial fluctuations, and are positioned to help others, contributing to their well-being, this suggests that a connection between affordability and well-being may exist.

Ecological Systems Theory

Using EST as a guiding theoretical framework was useful in developing questions. Questions and discussion mostly focused on the micro- and mesosystems. Questions concerning the exo- and macrosystems did not arise. These systems, and the Chronosystem, are of relevance to the subject of housing, and perhaps future research might focus on these systems in particular.

The questions concerning their microsystem related to housing conditions and circumstances. Questions concerning their mesosystem related to community involvement and services used. This study showed that cohesion amongst their primary systems, micro- and meso-, contributed to a positive outcome of overall experiences for tenants.

Tenants had their niches fulfilled within their habitat or housing complex. Participants had known specialty areas of knowledge and experiences. They also had roles within the complex such as an on-site house manager. Their habitat beyond their housing was rich in resources,

accommodating to their finances, and has an affordable and efficient transportation system. Having both a healthy housing habitat along with a resource rich greater habitat contributed to their well-being and is consistent with benefits noted by Rooney et al., (2013).

Limitations

The most notable limitations concerned sample size and location. The research drew from a small sample and cannot be generalized. As well, only five of the seven participants were available for interviews. Although findings from the other two tenants cannot be known without collecting data, the strength of the consistency in the findings suggests a high likelihood findings would have been consistent.

Although the results are meant to help inform local and regional professionals, the particular location observably differs significantly from other cities in the region (specific location cannot be disclosed to ensure privacy and confidentiality). Those differences, presumably in resources and civic engagement and, therefore, locations deficient in these variables, may produce different results, even within the same housing model.

A potential limitation noted in Chapter Three was the potential for participants to intentionally respond in a favorable way as a result of the owners directly introducing the researcher. I did not perceive this to have occurred. Tenants all appeared sincerely pleased with their housing and were secure in their autonomy. I think participants, had they had any negative

responses, would have felt comfortable in disclosing negative thoughts or feelings. Regarding the four possible limitations noted by Grinnell and Unrau, (2011) I did not perceive these limitations occurring.

Recommendations for Social Work Practice, Policy and Research

Social workers and agencies that work with housing and people with SMI should work toward assisting clients in obtaining supported housing and developing necessary resources within their communities. I believe it is necessary to do both simultaneously as the results of this study demonstrate that the housing model, along with access and means to resources, was significant to participants' well-being.

Social workers involved in the development and/or securing of housing should strive for housing within resource-rich environments and, at minimum, within a distance accessible by walking or bus. It would be beneficial for practitioners to be involved with community organizations, resource providers, local officials, and landlord associations. A network consisting of the above would provide the social worker with involvement in areas that impact housing.

Practitioners may find EST while working with housing. Housing is a very dynamic subject. Considering this dynamic and having an ecological perspective as to how these dynamics relate to and impact clients, practitioners would have a holistic understanding while planning and implement interventions.

Policies should be created to favor a supported housing model with the central features of the one in this research for people with SMI. Such polices would have an impact on both housing providers and service agencies. Policies creating incentives for developers will encourage the developing of the housing while service agencies will be financially encouraged to provide services consistent with the positive outcomes of supported housing models.

Further qualitative research of people with SMI in supported housing needs to be done. It would be beneficial if these studies were conducted throughout all the cities in San Bernardino County to identify similarities or differences. I think themes identified from the qualitative study would lend themselves to a quantitative study that could then be compared regionally and beyond.

I feel it would also be useful to conduct both qualitative and quantitative research on the perceptions, respective to SMI and housing, of community members, service agencies, local officials, and other stakeholders that impact housing issues for people with SMI. It would be interesting to identify similarities and differences amongst these groups and further research those findings. Such results may be useful in developing interventions that can enhance relationships in a way that benefits the social work client.

Conclusions

This qualitative study with five participants with SMI living in supported housing found the common themes to be independence, involvement of

owners, bonds with tenants, access and means to services, and positive engagement in recovery. The participants demonstrated experiences consistent with the supported housing model as noted by Nelson (2010). A discussion of these themes was then used to support recommendations for social work practice, policy, and research.

Limitations of the study were sample size and location. Only seven participants were selected and only five of them participated. The location of the housing had a significant impact on of participant's well-being. Comparisons or developments of comparable models may not yield similar results if environment is not similar.

Continued research into the experiences of people with SMI in supported housing models is needed. Having more research in this area will assist social workers, policy developers, and others have client-centered results to support decision making. This research project found that the well-being of all participants living in this housing model was positive.

APPENDIX A

GUIDING QUESTIONS

Guiding Questions

1. How long have you been receiving housing assistance?
2. How would you describe your current living situation?
3. What services do you use and do they meet your needs?
4. Do you feel there are enough services to meet your needs, if yes or no, why?
5. How would you describe your quality of life in your current housing situation?

Developed by Troy Mondragon

APPENDIX B

INFORMED CONSENT

Informed Consent

This research has been approved by the School of Social Work Subcommittee of the Institutional Review Board of California State University, San Bernardino.

Outlined below is the purpose of this study, its risks and benefits, and how the study will be conducted. Please read thoroughly to ensure that you understand these before agreeing to participate. After you have thoroughly read this consent, please mark an "X" indicating your agreement to participate

Researcher: Troy Mondragon, Master's of Social Work graduate student at California State University, San Bernardino.

Purpose of the Study: The purpose of this study is to explore mental health consumer use of services that utilize housing assistance.

Expected Duration of Participation: Participants will complete an interview, which should take no more than 30 minutes.

Confidentiality and Anonymity: Participant responses in the interview are anonymous. Data will be reviewed by the researchers. No confidential information will be disclosed in the presentation of the data. Data will be kept in a locked file box and destroyed upon completion of analysis.

Voluntary Participation: Participation in this interview is completely voluntary.

Participants' Right to Withdraw: Participants may withdraw at any time with no loss of benefits.

Risks and Benefits: Consumers disclosing personal information may pose some discomfort to participants. Information provided in this interview will assist mental health professionals in providing higher quality and comprehensive services to consumers.

Contact Information: If you have any questions about this study, you may contact my faculty advisor, Dr. Laurie Smith at 909-537-3837 or lasmith@csusb.edu. You may also contact me Troy Mondragon at 909-633-9705 or troy_511@msn.com.

I understand and agree to participate

_____ _____

Mark Date

REFERENCES

Barker, L. R. (2014). *The social work dictionary*. Washington, DC: NASW Press.

Brofenbrenner, U. (1979). *The ecology of human development.* Massachusetts: Harvard University Press.

Collard, S. C. (2008). Linking housing, social services and family well-being. *Journal of Human Behavior in the Social Environment, 15*(2-3), 415-433.

Grinnell Jr., M., R., & Unrau, A., Y. (2011). *Social work research and evaluation: Foundations of evidence-based practice.* New York: Oxford University Press.

Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2013). *Direct social work practice: Theory and skills.* Belmont, CA: Brooks/Cole, Cengage Learning.

Kloos, B., & Shah, S. (2009). A social ecological approach to investigating relationships between housing and adaptive functioning for persons with serious mental illness. *American Journal of Community Psychology, 44*(3), 316-326.

Maslow, A. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-396.

National Alliance on Mental Illness. (2015). *Mental health by the numbers*. Retrieved from http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

Nelson, G. (2010). Housing for people with serious mental illness: Approaches, evidence, and transformative change. *Journal of Sociology and Social Welfare, 37*(4), 123-146.

Nelson, G., Aubry, T., & Lafrance, A. (2007). A review of the literature on the effectiveness of housing and support, assertive community treatment, and intensive case management interventions for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry,* 77(3), 350-361.

Owczarzak, J., Dickson-Gomez, J., Convey, M., & Weeks, M. (2013). What is “support” in supportive housing: Client and service providers’ perspectives. *Human Organization*, *72*(3), 254-262.

Pinto, R. (2006). Using social network interventions to improve mentally ill clients' well-being. *Clinical Social Work Journal, 34*(1), 83-100.

Segal, S. P. (1979). Community care and deinstitutionalization: A review. *Social Work, 24*(6), 521-527.

Segal, S. P. (2008). Deinstitutionalization. In T. Mizrahi, T., & L. E. Davis (Chief Eds.). *Encyclopedia of social work* (Vol*. 2,* pp 10-20). New York: NASW Press; Oxford University Press.

Zippay, A., & Thompson, A. (2007). Psychiatric housing: Locational patterns and choices. *American Journal of Orthopsychiatry, 77*(3), 392.