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Mental Health Services for Single Homeless Mothers with Children

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MENTAL HEALTH SERVICES FOR SINGLE HOMELESS
MOTHERS WITH CHILDREN

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

by
Maria Alejandra Perez
Andrea Zermeno

June 2019

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Approved by:

Dr. Janet Chang, Committee Chair, School of Social Work

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ABSTRACT

Single mothers with young children living in poverty often experience various disadvantages, especially when they have mental health issues. They are a vulnerable population and face challenges such as poverty, homelessness, and low paying jobs. Homeless mothers and their children often have difficulty in finding means to survive and obtaining basic needs. The purpose of this study was to explore the quality and availability of mental health resources to homeless mother and their children. Ten participants were chosen outside of a homeless shelter in California. The study was a qualitative design conducted through face-to-face interviews.

This study found that most participants in the study have utilized mental health services in their life and most found the services adequate. However, when asked what services they needed the most, more than half of the participants stated needing housing, employment, and food. Less than half of the participants stated needing more mental health services like therapy or rehabilitation services. The study also revealed that half of the participants utilized mental health services for their children and another half have not. With regards to working with a social worker, only four of the ten participants have done so and said they were helpful. Although one stated it was a failure, the remaining five have never worked with a social worker or cannot recall doing so. As a social worker, it can be recommended to actively provide housing and employment resources for their clients that are in need of basic necessities to

survive. Another recommendation is for the social worker to acquire their clients' perception of their needs and working from there to obtain those needs.

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-Maria A. Perez and Andrea Zermeno

DEDICATION

To my parents, thank you for always being my cheerleaders and teaching me to never give up. Mom, thank you for your endless love and support. Thank you for always believing in me. Without you, I would be completely lost. Dad, thank you for teaching me the value of working hard. Thank you for always wanting the best for me and encouraging me to go after whatever I wanted. I love you both.

To my husband, Julio, thank you for riding this rollercoaster with me without every complaining. Thank you for believing in me and encouraging me when I felt like giving up. Thank you for comforting me and always making me laugh when things got hard. Thank you for our Sunday fishing trips that helped with my self-care. I could not have done this without you. We did it. I love you!

To my brothers, thank you for always being supportive. I love you both.

-Andrea Zermeno

To my best friend Emmery, I would not be here if it were not for you. Your story set a spark in my soul and led me to social work.

To my parents, thank you for teaching me perseverance and for believing in me.

-Maria A.Perez

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CHAPTER ONE

INTRODUCTION

The purpose of this study is to explore the quality and availability of mental health resources to homeless mother and their children. There is a large population of women with children affected by poverty. Many times, it is very difficult for women living in poverty to obtain resources for them and their children. Because of the lack of resources, women and their children go long periods without being able to go to the doctor for a regular check up for a long period. We are investigating the level accessibility homeless women have to mental health services.

Problem Statement

Women are a vulnerable population and often face challenges such as poverty, homelessness, and low paying jobs. Single mothers with young children living in poverty often experience various disadvantages. Specifically, homeless mothers and their children are a vulnerable population because they are constantly looking for means to survive and to attain their basic needs. According to the National Coalition for the Homeless, 39% of the population of homeless shelters are children. Single mothers with minor children are the fastest growing group of people needing services in homeless shelters. Over 25% of women in poverty are single mothers with dependent children. Most single homeless

mothers have experienced adversity or have a history of abuse and trauma (Healing Hands). One of every four homeless women is homeless because of violence committed against her (Gender Based Violence Facts, 2017). They are underserved and in need of a variety resources for themselves and their children.

Often homeless mothers and their children do not look into their physiological and mental well-being because making sure their basic needs are met is more important than their well-being. When families are able to meet the minimum sufficient level of care they are not necessarily considered homeless. This means that if families are able to provide food, shelter, clothing, and safety for their children then they do not fall under being homeless. A family living in a car is still not considered homeless. As long as the family is able to meet the minimum level of sufficient care, they are allowed to live in the car or anywhere else. When social workers get a case that involves this type of situation they help by providing the family with as many housing and shelter resources as possible. The social worker will work with the family by helping them find affordable housing, and if that is not possible, they find shelters for the families to stay in. Social workers also provide families with a program called the "Safe Parking Lot Program." The safe parking lot program is a program that helps families identify parking lots that are safe for them to park and stay overnight. It is meant to be a safe environment for families who are unable to find housing and instead are living in their vehicles. Social workers provide support to the homeless families by providing them with multiple resources. However, once homeless women are

provided with basic need resources, social workers can then focus on providing mental health services for them.

Mental health is a very important topic to discuss because many homeless mothers with children encounter some issues that affect their day-to-day lives. Many times when mothers become homeless they are mentally fine, but the circumstances they fall into and the lack of resources can be the cause of the problems. It is important to learn about the topic because many times children are involved in this issue. If a mother is not mentally well, it can affect the way she cares for her child. This can be a potential harm or risk for both mother and child.

Purpose of the Study

This study aims to explore the mental health service needs of single homeless mothers and their children. Mental health services are often difficult to find and obtain. Homeless mothers who do not have an adequate support system might find it difficult to receive services for them and their children. This study will be qualitative study design with semi-structured in person interviews of homeless mothers. This research study will investigate the service needs of homeless mothers and children of seeking and receiving treatment. When the level of need for resources is established, the data will be analyzed to discover which resources should be provided to prevent homelessness and to treat mental health issues.

This study is relevant to title IV-E because it will also focus on how being homeless affects the physical and mental well-being of children due to the lack of resources. In social work, it is only necessary to meet the minimum level of care without taking into consideration that women have physical and mental issues. Regardless of whether homeless families meet the sufficient level of care, it is not healthy for children to be experiencing homelessness. We often think of homeless people as only being adults, but the reality is that millions of children experience being homeless. For a child this means constantly relocating and having to change from school to school. For any child, being in this environment is very unhealthy. According to Doorways for Women and Families, being homeless can be very traumatic for children because they are constantly moving, living in different shelters, and having to adapt to new environments. Homeless children tend to be sick twice as more than children who have a stable home. They are also more likely to experience hunger. “Ten percent to 26% of homeless preschoolers have mental health problems requiring clinical evaluation. This increases to 24% to 40% among homeless school-age children—two to four times higher than low-income children aged 6 to 11 years” (Doorways for Women and Families, 2018). This means that by the time homeless children are eight, 33% of them will have a major mental disorder. Because of this, children usually develop emotional or behavioral problems. It is very important for social workers to assess homeless children to avoid any mental or physical illness. As a social

worker, it is important to help homeless families find permanent housing so that it provides a stable environment for the child.

Significance of the Project for Social Work Practice

It is important for social workers to be aware of the needs of children and of vulnerable populations such as homeless women. Often, the parents also battle and struggle with mental health issues, instability, and lack of resources making it difficult to find treatment for their children. Homeless mothers are not able to obtain free healthcare because they need to have stable housing for that. If they have mental health issues and are homeless, it makes it that much harder to obtain health resources for their children. At the Family Resource Center, the majority of the clients were single mothers living in homeless shelters, which affected their children and their mental health. This led us to explore the reasons for this pattern and how it affects the children's mental health.

Finding proof of this study can help social workers in a macro level position to better understand the mental health services needs of the homeless women and children and thus, help create and implement preventative programs and intervention programs for women and their children. On a micro level, social workers can provide the necessary services to mothers and their children, whether its therapy to treat trauma, mental health issues, or case management. Social workers can help mothers find basic needs such as food and shelter. The findings of this study will contribute to social work practice, policy and research. Social workers in a variety of positions will provide services at some point in their

career to diverse and disenfranchised populations. Therefore, it is important to be equipped with the information and resources necessary to understand and address the needs of these individuals. Our research question is as follows: What are the mental health needs for single homeless mothers and their children?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The first half of this chapter will consist of previous research studies focused on the needs of single homeless mothers. The second half of this chapter will focus on research studies of mental health services for both homeless mothers and their children. The purpose of this chapter is to identify and assess the previous needs of homeless mother and their children to better assist them in the future.

Theories

Maslow's hierarchy of needs will be one of the theories applied to this research. Maslow's hierarchy of needs focuses on a pyramid that describes what people need in order to be motivated. For instance, the bottom of the pyramid focuses on physiological needs. These are basic needs like water, food, and shelter, but when people lack the physiological need it makes it hard for them to move up the pyramid. This correlates to homeless mothers not being able to fulfill all their needs. Most of the time they are not able to obtain all their physiological needs. Maslow's theory can help explain the reasons why mothers fail to succeed.

Systems theory will be the second theory that will be applied to this research. Systems theory focuses on the way people interact with their

environment. People are constantly changing due to the environment. Each part of the subsystem in systems theory affects every other part of the system as a whole. Systems theory can provide insight as to why single mothers have fallen into the position of homeless women. It can help navigate through their life to explain the incidents that put them in a homeless position. Systems theory can help explain how the environment affects the perception of homeless mothers.

Characteristics of Single Homeless Mothers

According to Williams and Merten (2015), each year there are about half a million homeless families, and the majority of these families are women with children who are single mothers in their 20s. Most of the women who are homeless usually lack social support from family members, friends, and financial resources. External factors that contribute to being homeless or remaining homeless include unemployment and the salary that the employments are paying. Families are at a high disadvantage in maintaining independent housing because there are not very many stable employments that provide adequate income. Typically, in the US, mothers are underpaid making it harder for them to succeed financially and instead placing them under the poverty line. Having low employment opportunities causes an imbalance in financial situations.

Single mothers whom are homeless often times experience anger, depression, anxiety, self-blame, and disproportionate emotions (Broussard, Joseph, & Thompson, 2012). Because of this, homeless mothers have an increased risk of experiencing major depression, posttraumatic stress disorder,

and substance abuse. Their internalizing issues are mostly due to being homeless, but the mental and emotional experiences are often unrecognized and untreated. Over 90% of homeless single mothers have suffered from severe physical and sexual abuse, which typically occurred within their family when they were young or in their adult relationships. Many women who are abused usually leave the abusive relationship and end up in shelters. Shelters do not allow single mothers to stay for longer than a certain period, so then they end up homeless. It is then difficult for them to find transitional housing that they are able to afford. Money is also the issues and because of this, services for mental health or physical health are not obtainable for homeless single mothers.

According to Broussard, Joseph, and Thompson (2012), since 2010 there have been more than 42% of single mothers with children younger than 18 who are living in poverty. Living without having their basic needs met may cause homeless single mothers and their children stress that may compromise their mental and physical health. Poverty-related stress can lead to various types of stress that may deepen over time. For homeless single mothers, some of the poverty-related stress include worries because of the lack of employment, housing, food, stigma, being exposed to violence, and illness. There are low amount of jobs that offer benefits making it very difficult for homeless single mothers to obtain something that can help them overcome their homelessness. Homeless single mothers are a very vulnerable population and are at higher risk for mental and physical health disorders.

Childcare, neighborhoods, and social support are also related to the stress that homeless single mothers encounter. Aside from there being lower employment opportunities for homeless single mothers, another factor that contributes to this is the lack of childcare. In 2001, over 40% of homeless single mothers spent more than half of their income to pay for childcare. In addition, the availability hours that childcares offer make it difficult for the mothers to find something that can work with their schedule. It puts the homeless mothers into a very difficult situation because they are not able to have reliable, safe, and affordable childcare. Living in low quality housing also adds stress on homeless single mothers and increases the risk of violence, not only towards them but also towards their children. Neighborhoods that are dangerous and harmful intensify poverty-related stress and the chances of experiencing depression. Lastly, the lack of social support is crucial for the homeless single mothers' mental and physical health. Single mothers who are homeless are usually isolated and tend to receive less emotional support for family members and friends. They are also prone to having more unstable relationships than single mothers who are not homeless. Lack of social support and financial hardship are the two highest factors that contributed to poor mental and physical health in homeless single mothers. Stigma affects the single mother's ability to climb out of the whole that is homelessness. They have poor mental health, which then makes it very difficult for them to create a healthy stable relationship. Women who are stigmatized also feel a sense of shame and guilt and blame themselves for being

in the position they are in. Again, many of these mothers' experience depression because of lack the support from their families as well as society. Their children also fall into depression, anxiety, and other mental health disorders because of the trauma they experience. Many social factors are against homeless single mothers, which makes it very difficult for them to succeed. Mental and physical health are crucial to women and their children, which over time only worsens.

Mental Health Services for Homeless Women

According to Slesnick, Glassman, Katafiasz, and Collins (2012), over 85% of homeless families are headed by single women. Men are less likely to take on the responsibility of taking care of their children while homeless. Women have a higher chance of being homeless while taking care of their children. During the period of homelessness, they are also more likely to engage in substance abuse. The purpose of this study was to explore the basic needs of homeless women to better prepare evidenced based therapists when working with homeless mothers. The information gathered for this study was based on previous experiences from homeless women who participated on a pilot study. The pilot study served to evaluate the effectiveness of interventions utilized to stabilize homeless mothers and their children. The interventions were effective.

Disadvantages prevent homeless mothers from seeking and receiving mental health services for themselves and their children. Most homeless women and mothers also have histories of abuse, victimization, lack of support, financial, and mental health problems. It is important to create and implement program and

services to treat women suffering from these issues. Helping the women with their basic needs will allow women to prioritize their mental health needs and of their children. Mothers cannot provide help to their children if they are also in desperate need of mental health services.

According to Clarke (2013), mothers have difficulty accessing mental health services for their children due to various factors. This qualitative study focused on 16 women with children who had been diagnosed with mental health disorders such as bipolar, depression, and anxiety. The data gathered from this study was based on accounts provided by mothers in interviews. The purpose of the study was to explore how medicalization and intensive mothering affects children's mental health.

The mothers in the study found it difficult to receive services because they would be referred to agencies that did not provide the proper help. They were constantly being sent back and forth between services and given resources that were not helpful. Mothers often felt confused and uncertain when seeking help. Individuals find it difficult accessing services even with appropriate resources. Homeless mothers have a harder time accessing basic needs for them and their children, which makes it much more difficult finding mental health services. They need to worry about feeding their children before they can focus on any other needs.

According to Williams and Hall (2009), Over 30 percent of the homeless population are mothers with young children. The goal of this research was to

assess and evaluate the correlation and linkage of past trauma and the level of current traumatic stress amongst homeless mothers. Information gathered was obtained from a cross-sectional survey design in which 75 homeless mothers participated during a 6-month period in 2016. Homeless mothers were preoccupied keeping their children safe and fed. Single homeless mothers were more likely to have experienced traumatic stress in the past or are currently experiencing stress. Traumatic stress can affect an individual's automatic response, which makes it difficult for individuals to engage in decision-making, and it impairs their communication skills. Traumatic stress adds an additional barrier to seeking and finding social services, housing, and resources. This study found that many homeless mothers suffered from traumatic stress and PTSD. This debilitated their life and affected their accessibility to resources. Homeless mothers and their children were in need of mental health services for their past and current trauma. Receiving proper treatment will improve their communication and decision-making skills. Limitations for this study were generalizing the responses to the larger population because homeless mothers tend to be a hidden population.

According Hodge, Moser, and Shafer (2012), the percentage of homeless mothers is drastically increasing. This longitudinal study's purpose was to explore the relationship between spirituality and mental health among homeless mothers. Mental health issues are one of the many factors that contribute to mothers becoming homeless. Consequences of psychological health issues are

homelessness and poverty. Being homeless can cause women to experience sense of loss, traumatic stress, and depression. This makes it difficult for women to work their way out of homelessness, much less find treatment for their mental health or her children's. Women must be able to access resources for themselves so that they are mentally stable. Receiving treatment will help them escape homelessness and give their children the proper care and attention. Protective factors such as programs and policies can help homeless mothers exit and avoid homelessness.

According to Vargas, Park-Taylor, Harris, and Ponterotto (2016), young men living in single mother households are at a disadvantage. Not only are they at risk of becoming homeless but they are also at risk of being exposed to violence. This longitudinal research study was conducted to investigate the impact on young male children's mental health when there is an absence of fathers in the household. It is important for mental health practitioners and community providers to be aware of the risk children phase when living in single mother households. Social workers should be able to work with young men who are at risk of mental health issues, violence, and stress.

Summary

Homeless mothers require a high demand for mental health services for both themselves and their children. Homeless mothers face barriers preventing them from obtaining their basic needs such as shelter, food, and clothing, which makes it more difficult to prioritize seeking mental health services. Homeless

mothers often lack community support and knowledge of mental health. Social workers along with other mental health professionals benefit from previous and future research on the effectiveness and accessibility of mental health resources to better assist clients in obtaining their basic and mental health needs. It is also crucial as mental health practitioners to understand the barriers women are faced with to better understand the lack of prioritization to seek mental health services.

CHAPTER THREE

METHODS

Introduction

This section includes a thorough description of the research methods and procedures that were utilized in conducting this study. This section focuses on addressing the design of the study, sampling methods used, data collection and instruments, procedures, protection of human subjects, and methods for data analysis.

Study Design

The purpose of the study was to explore and evaluate the quality and the availability of services homeless mothers are able to attain for their children with mental health needs. To address this particular issue, a qualitative design was utilized. A qualitative design assists in determining how homeless women with children view the availability of services programs. Single homeless mothers and their children lack mental health services due to their instability of housing and lack of resources made available to them.

The study's qualitative design consisted of standardized questions to help us explore the present issue. The questions helped establish the need for resources, the kind of services that should be prioritized and provided, and possible ways social workers can improve when working with this population. The advantage of using a qualitative design is that we are able to evaluate our

subjects in greater detail. We chose qualitative approach because it is based on human experiences which is what we are interested in learning about. Open-ended questions allowed us to explore and analyze experiences and feelings. The disadvantage of a qualitative design is that it is time consuming due to the questions not being standardized.

Sampling

Participants for this study were recruited outside of homeless shelters in California. Semi-structured in-person interviews and surveys were conducted with homeless single mothers with children willing to participate in the study. The criteria for participation in the study was that they must be homeless mothers who have experiences with mental health services for themselves or their children. The goal was to learn about their current or past experience when dealing with mental health services.

In order to interview the participants we first had to be allowed to conduct interviews and surveys. We required an approval letter from IRB. We approached women outside of homeless shelters and provided them with information regarding our research study so that they could be well informed of the purpose of the study, confidentiality, and protocols. We required them to read and sign with an X the consent form giving us consent to conduct the interview. Our goal was to interview 10-20 women. However, due to lack of homeless mothers willing to participate, we were only able to interview a total of 10 women.

Another feasibility issue and concern was that women would not be willing to share their personal experiences. A reason could be they fear for the safety of their children. Therefore, background information, regarding the study, was provided to ease some of the anxiety the participants may have experienced.

Data Collection and Instruments

Data for the study was collected from face to face interviews with the participants. The study's qualitative design consisted of an instrument of standardized questions to help explore the present issue. An interview guide was used to collect data. Participants were asked demographic questions such as age, level of education, employment status, and number of children. The interview guide was made up of several open-ended questions. We asked the following questions: How long have you been homeless? Do you utilize any mental health services? If so, are you still receiving these services? Are the services adequate? Are your children in need of mental health services? If so, what kind? What kind of services do you really need the most? Has a social worker ever assisted you? If so, was the social worker helpful? If not, in what ways can they help you? The questions help establish the need for resources, the types of services that should be prioritized and provided, and possible ways social workers can improve when working with this population.

Participants answered the questions through interviews and by completing a survey. The interview guide helps to assess the mental health resources available for single mothers and their children. The purpose of the interview was

to gather as much information as possible to better understand the lack of resources offered to homeless mothers.

Procedures

The initial step in conducting this research study was to find participants that qualify for this research. A research proposal describing the goal and the purpose of the study and asking for consent was presented to the homeless women/mothers. Participants included single mother and their children who are currently homeless. Collection of data began in late February 2019 in a period of two days. A packet was given to participants with the following documents: letter of introduction, informed consent, interview guide, and a debriefing statement. The packet provided them with some background of the research project.

A letter of introduction was the first document found in the packet. This letter provided participants with background information about the study. It was important for participants to know the purpose of the study because it helped calm some anxiety. We included in the introduction letter instructions on what needed to be done in order to help complete the research study.

An informed consent form was included in the packet to gain consent from participants. Consent was important because it allowed for the data gathered to be analyzed by the researchers. Participants were asked to sign the form with an "X" mark to grant their willingness to voluntarily participate in the study. Participants were not asked to provide any identifying information, such as a name, an address, or a telephone number. Therefore, the data collected is kept

confidential throughout the entire process. After the informed consent was signed, participants were handed the survey questions in which they were allowed to follow as they were being interviewed by the researchers. The demographics survey and the interview took about 15 minutes to complete. Incentives were provided, such as five dollars for each participant. Some women were only willing to participate if they had an incentive. Each woman was given five dollars. Once the survey was completed, the participants were given a debriefing statement.

Protection of Human Subjects

The protection of rights and welfare of all participants will be guarded at all times. The research design was carefully executed in a professional manner that maintained protection to all the participants. In order to maintain the participants protected, personal identifying information was not be asked. It was our goal to build rapport, inform them of limits of confidentiality, and supply them with an informed consent. A letter of introduction was given to participants explaining the research project and limits of confidentiality. Participants were informed that we are mandated reporters and have to report any disclosure about physical abuse, self-harm, or harm to others. The informed consent provided allowed participants to withdraw from participating at any given moment without a penalty. Safety concerns were addressed prior to interviewing them. Lastly, a debriefing statement was included at the end of the interview providing the participant with resources and numbers that they may contact in case their participation in the

study has caused distress. When the study is conducted and analyzed, recorded data will be deleted and discarded.

Data Analysis

The data gathered in this study utilized a qualitative data analysis method to assess the quality and accessibility of the mental health services single homeless mothers with children receive. Descriptive statistics was used to summarize demographics. The level of measurement that was used for the demographics will be nominal. The data assisted in assessing the amount of resources available to homeless single mothers and their children. The steps to analyzing data was to prepare data in transcript form, establish a plan for data analysis, coding, interpreting data and theory building, and assessing the worthiness of results.

We prepared the data in transcript form after recording interviews. Secondly, we familiarized ourselves with the entire data set by reading interviews. A journal was utilized to write notes about what transpired in the interviews and how we obtained research participants. We utilized second-level coding to identify similarities to mental health services, quality, and availability. We interpreted data by describing the major categories or themes emerged from the data gathered in the interviews. We counted the number of times each category emerges. Lastly, we assessed the trustworthiness of the results by ensuring consistency, controlling biases and preconceptions, and establishing our own credibility. We used triangulation by comparing multiple perspectives in

order to add weight to the credibility of the analysis. We showed that our conclusions are dictated by data gathered. We thoroughly described our experiences and procedures followed in efforts to establish credibility. We avoided drawing conclusions before data was analyzed and dismissing data as irrelevant. We made unsupported causal statements based on our impression.

Summary

The research method utilized in this research study was a qualitative design, using a survey questionnaire to interview the participants. Participants for this study were recruited outside homeless shelters in California. The sample consists of 10 single homeless women with children suffering from mental illness. The interviews consisted of demographic information and questions regarding past and current experiences dealing with mental health services and mental health resources available to them.

CHAPTER FOUR

RESULTS

Introduction

This chapter will consist of the presentation of the findings derived from face-to-face interviews with ten participants. The sample for this study consisted of single homeless mothers in California. This chapter will include information on how the data were analyzed and the results of the analyses. This chapter will include the demographics of the interviewees, including their ethnicity and age. It will also describe the patterns and themes found within the data.

Presentation of the Demographic Findings

There are ten participants in this study. All participants were recruited outside of homeless shelters in California and were homeless mothers. The age of the participants ranged from nineteen years old to sixty years old. Of the participants, four participants were in their forties, two participants were in their thirties, two participants were in their sixties, one participant was nineteen year old, and one of the participants was in her fifties.

Most of the female participants only completed a high school education. Of the participants, four of the participants only completed up to a high school education, two attending some high school, but did not graduate from it, two received a college education, one of the participants attempted some college,

and one participant answered to only have completed middle school, which was not included as one of the answer choices in our demographic survey.

All the participants in the study answered to being currently unemployed. The number of children the participants had ranged from one to five kids. Out of the participants, three said they had two children, two participants said they had four children, three participants said they had one child, one participant said she had five children, and one participant said she was unsure of the amount of children she had.

The majority of the female participants answered being divorced as their marital status. Of the participants, six said they were divorced, two said they were single, one disclosed being married, and one participant answered that she was widowed. As for ethnicity, half of the participants interviewed were Caucasian, four participants answered Hispanic/Latino, and one of the participants answered Native American.

Presentation of the Findings

The participants reported they have been homeless from two months to twenty-four years and each one had a different answer. Of the participants, one answered having been homeless for two months, one answered having been homeless for four months, and one participant had been homeless for one year. One participant have been homeless for two years, one participant answered having been homeless for about two to three years, and one participant answered having been homeless for six years. One participant

answered having been homeless for seven years, one participant answered having been homeless for ten years, one participant answered having been homeless for eleven years, and lastly, one participant answered having been homeless for twenty-four years.

Of the participants, nine out of ten reported that they were currently receiving services, and one participant stated they never utilized services. Of the nine participants who received services, seven participants stated services were adequate. For example, one participant stated, "At the time in my age, yes." On the other hand, two participants denied services being adequate. One participant stated, "The services are not adequate because they hear you but that is all." One participant could not recall if services were adequate. When asked if their children needed or ever received services, half of the participants denied their children receiving services. The other half of the participants stated their children received some form of mental health services.

The participants were asked if a social worker ever assisted them. If so, was the social worker helpful? If not, in what ways could they help? The majority of the participants, six out of ten, stated they had received assistance from a social worker. For example, one participant stated,

"Yeah, I've had a social worker before. She fought for me in court here in Riverside when I was 14 to get me emancipated as a minor adult cause legally it's 16, but she got me approved at 14. Yeah, it's been helpful. The social worker seeing that I'm morally there, you know, that I'm capable of

making it, you know, so I think, yeah, you know, it really helped, you know, because I get to find myself, you know, at the same time, I would rather have my parents raise me but my family household was being broken up as it was anyway, so, I guess that really comes in handy for me. Other than that, you know, the system will always help somebody, you know. If you feel that you need more team players? Sure. You, know, if there's anything I can contribute to help you guys I will, you know, by any means, I will, whatever it is. I volunteer my time."

On the other hand, a social worker had not assisted four participants. For example, one participant stated, "No, I believe you guys can help in housing for everybody."

Of the six participants who worked with a social worker, four participants stated it was helpful. One participant stated,

"Um, yes. I am not sure if she was a social worker, but she was like a counselor. I got housing through them and she tried getting me SSI but that did not work out. I ended up getting a lawyer and I am now on appeals waiting for it to get through. She was very helpful."

On the other hand, one participant called it a failure. According to the participant,

"Um, yes and it was a failure. It just never happened. Everything was sure, sure. But out here, they know where you are at. But if you lose your phone, which gets stolen every other minute around here, it's hard to keep

a phone; it's hard to charge a phone. And it's nobody's fault. I mean, it is what it is, but they know where you are at. And they do not come and find you when it's your turn to be in line. And then you call them months later, when you do finally get it together and find the guy's name. We are really disorganized out here. You know, a lot of our stuff gets taken, get stolen and that is the hard truth, you know. So I feel like they do not come back to those that they talked to, or keep in touch with. I mean, I keep in touch with them as much as I can. And I miss, I am hit and miss, hit and miss, hit and miss. Now I am back in the shuffle because they could not get a hold of me when it was my turn. But I haven't moved, them coming out.”

The rest of the participants, five out of ten could not recall whether the social worker was helpful.

The participants were asked what services they currently wanted most, their answers varied. Some of the services they felt they needed most were employment and mental health services such as therapy. For instance, one participant stated, “More employment services, job availability, and housing.” Other services needed were housing, health care, substance abuse programs, food stamps, case management, basic necessities. For instance, one participant stated,

“Oh shoot that is a good one. More like agency, or someone that can guide me to get into programs where I could get like housing and help me get on track with my life, back to school, get a job and help me along the

way with resources like showering, laundry, and food so I won't have to stress out so much.”

Another participant stated, “Housing, maybe a doctor that will really care.”

Summary

The study found that the age of the participants ranged from transitional age youth to late adulthood. Level of education and marital status varied with each participant. One commonality was that all participants were currently unemployed. The number of children the participants have range from one to five kids. Participant's ethnicity ranged from Caucasian, Hispanic, and Native American. Participants reported from two months to twenty-four years of chronic homelessness. The majority of participants currently receive services and believed services were adequate. Only half of the participants' children received any form of services. More than half of the participants had received assistance from a social worker. However, fewer than half of the participants stated the social worker was helpful. Participants stated they were in need of services such as employment programs, mental health services, housing assistance, health care, substance abuse program, food stamps, case management, but primarily services to help them meet their basic needs.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will present the discussion of the major findings presented in chapter four. Also presented in this chapter will be the limitations of the study, recommendations for social work practice, policy, and research. Finally, this chapter concludes with a summary of findings and implications for Social Work practice.

Discussion

The purpose of this study was to explore the quality and availability of mental health resources to homeless mother and their children. When evaluating if mental health services are adequate for single homeless mother, the study found that the majority of the homeless single mothers who were interviewed have utilized mental health services and stated they were adequate services. This is not consistent with the findings of Clarke's study (2013), which found that single homeless mothers are unable to obtain mental health services. According to Clarke (2013), mothers have difficulty accessing mental health services for their children due to various factors. Clarke (2013) mentioned that one of the barriers faced by the mothers was being referred to places that did not provide the proper help. They were constantly being sent back and forth between services and given resources that were not helpful. The study findings are not

consistent with our research findings because some of the mothers often felt confused and uncertain when seeking help. Because they are a vulnerable population with unstable mental health, they may be skeptical of answering the truth. The participants were recruited outside of homeless shelters, therefore, may have not felt comfortable to share much information. It may have been difficult for the mothers to be completely truthful.

This study also found that more than half of the homeless single mothers stated needing housing, employment, and food over mental health services. Less than half of the participants stated needing more mental health services like therapy or rehab. This is consistent with the findings of Broussard, Joseph, & Thompson (2012), which found that living without having their basic needs met may cause homeless single mothers and their children stress that may compromise their mental and physical health. According to Broussard, et al. (2012), since 2010 there have been more than 42% of single mothers with children younger than 18 who are living in poverty. Poverty-related stress may deepen over time and cause different stressors towards the mother and child. For homeless single mothers, some of the poverty-related stress include worries due to lack of employment, housing, food, stigma, being exposed to violence, and illness. There are very few jobs that offer benefits making it very difficult for homeless single mothers to obtain something that can help them overcome their homelessness.

This study also found that half of the participants in the study have utilized mental health services for their children and the other half of the participants have not used any mental health services. It was found that the children acquired counseling services the most. Although there is a lack of literature to compare these findings with, it appears the use of mental health services from children were not adequate.

When evaluating if a social worker has been helpful, only four of the ten participants have worked with a social worker and say they were helpful. Homeless single mothers believe that it is important to receive housing resources through the support and case management from their social worker. Although one stated it was a failure, the remaining five have never worked with a social worker or cannot recall doing so. This is not consistent with any findings as there is a lack of literature on the issue.

Limitations

This study is not without limitations. Limitations of this study include a small sample size of 10 homeless single mothers within specific areas of California, and may not be representative of all homeless single mothers within the city. Due to the small sample size, not all ethnic groups were presented. The findings are limited due to lack of access into homeless shelters in California. Many shelters did not grant access to conduct research due to liability and confidentiality concerns. Although researchers emphasized protection of confidentiality, managers at several shelters denied permission to recruit

participants for the study. Due to the lack of access to a homeless shelter, the research was taken place on the streets, for this reason access to women who had children were limited. Due to weather conditions and distractions such as street cleaners, police, cars passing by during the interviews, it was difficult for the women to be fully engaged during the interview. In addition, some women were hesitant to participate in the study unless an incentive was provided. Due to limited fund resources from the researchers, we were unable to recruit more participants. Furthermore, it was evident several participants were experiencing symptomatology of mental health disorders, making it difficult to redirect or obtain concrete answers. Although participants in this study were single mothers, this study does not represent the perception of all single mothers nor did this study take into account mothers that have a partner support.

Recommendations for Social Work Practice, Policy, and Research

At the same time, the results do permit insight on the direct needs of homeless mothers and how social workers can provide effective services to them and the homeless population in general. Participants stated, due to their current situations, (lack of transportation, and no means of communication) it is difficult to keep contact or follow through with services. Participants expressed their needs for social workers to go into the field and locate clients. Social workers could try harder on contacting clients that are homeless by going to their location rather than contacting them through a phone, as it is sometimes difficult for a homeless single mother to have a working cell phone.

On a macro perspective, creating more assistance programs to assist clients with their basic needs such as, food, shelter, showers can help homeless mothers and their children obtain some of their basic needs. Another recommendation for social workers could be to create short-term programs to assist college students who are homeless. Participants expressed their needs for employment programs to assist clients while they seek employment. Such programs could provide resume workshops or basic tips of how to present to a job interview. In addition, social workers can obtain concrete services the homeless population need. They can also help educate them. It is appropriate that homeless mothers want more services that are concrete; therefore, social workers can emphasize the importance of receiving and giving more mental health services.

Conclusion

This qualitative study was conducted to explore the quality and availability of mental health services to homeless single mothers and their children in California. It was found that although homeless mothers and their children are able to obtain mental health services, the majority of the single mothers with children have not utilized any services in mental health. The study also found that a half of the homeless women with children utilized mental health services for their children, mostly counseling services. The study found that single homeless mothers are in need of finding suitable housing and employment rather than focusing much on their mental health. The majority of the participants had

previously engaged with a social worker where they found it was helpful. It is hoped that this study would provide insight to social workers on what homeless single mothers perceive as their needs. The study suggests social workers should focus on providing housing and employment resources to single mothers and their children living in the streets.

APPENDIX A
DEMOGRAPHIC SURVEY
MADE BY THE RESEARCHERS

Demographic Survey

- 1) What is your current age? _____
- 2) Level of education
 - a) Some high school
 - b) High school graduate
 - c) Some college
 - d) College graduate
 - e) Graduate/professional school
- 3) What is your employment status
 - a) Unemployed
 - b) Employed
- 4) Number of children: _____
- 5) What is your marital status?
 - a) Never married
 - b) Married
 - c) Divorced/widowed
- 6) What is your ethnicity?
 - a) African American
 - b) Non-Hispanic White
 - c) Asian/Pacific Islander
 - d) Hispanic/Latino
 - e) Native American
 - f) Other

APPENDIX B
INTERVIEW GUIDE
MADE BY THE RESEARCHERS

Interview Guide

1. How long have you been homeless?
2. Do you utilize any mental health services? If so, are you still receiving these services?
3. Are the services adequate?
4. Are your children in need of mental health services? If so, what kind?
5. What kind of services do you really need the most?
6. Has a social worker ever assisted you? If so, was the social worker helpful? If not, in what ways can they help you?

Thank you very much for your participation!

APPENDIX C
INFORMED CONSENT



WE DEFINE THE *Future*

Academic Affairs
College of Social and Behavioral Sciences
School of Social Work

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College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the quality and availability of mental health resources to homeless mother and their children. The study is being conducted by Maria Alejandra Perez and Andrea Zermeno, MSW students under the supervision of Dr. Janet Chang, professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore the mental health service needs of single homeless mothers and their children

DESCRIPTION: Participants will be asked a few questions on the length of homelessness, mental health needs, accessibility of mental health services, quality of mental health services, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 10 to 20 minutes to complete the interview.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: The participant will receive five dollars as a sign of appreciation for participating

CONTACT: If you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5184 (email: jchang@csusb.edu).

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 2/11/2020 VOID AFTER 2/12/2020
IRB# SW1914 CHAIR Janet Chang

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School of Social Work

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after July 2019.

This is to certify that I read the above and I am 18 years or older.

_____ Date
Place an X mark here

I agree to be audio recorded: _____ Yes _____ No

909.537.5501 · 909.537.7029

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