Comparative analysis of depression in homeless populations

Tsudoi Suzuki
COMPARATIVE ANALYSIS OF DEPRESSION IN HOMELESS POPULATIONS

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
Tsudoi Suzuki
June 2003
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ABSTRACT

Depression is a major mental disorder affecting homeless people; therefore, preventing depression is a primary task for the workers who are engaged in agencies for the homeless population. Finding depression factors for homeless people is the first step in order to establish strategies and programs that would prevent homeless people from being depressed. The current study hypothesized that basic needs and education were unique or the main depression factors for the homeless population. The hypothesis was tested by comparing the homeless population with graduate school students. Sixty-eight people participated in this study. The results of this study supported the hypotheses. Moreover, other factors, relating to depression of the homeless, were found. However, further study is still needed to evaluate the relationship between homelessness and depression.
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CHAPTER ONE
INTRODUCTION

Depression is a major mental disorder affecting homeless people. Many homeless shelters provide their residents with case management meetings and other life improvement classes in order that their clients would not return to being homeless again. However, many homeless residents in shelters are suffering from depression, so they often do not have enough energy to participate in these services. Therefore, preventing depression in homeless residents in shelters is a primary issue. The purpose of this study is to find out whether or not there are specific factors that make homeless people depressed. These factors will help social workers establish more efficient strategies and programs that prevent homeless clients from being depressed. The current study hypothesized that basic needs and education are unique or main depression factors for the homeless population. The hypothesis was tested by comparing the homeless population with graduate school students.

Problem Statement

Homelessness is one of the most serious social problems in the United States. Research conducted by Link,
Phelen, Bresnahan, Steuve, Moore, and Susser (1995) showed that 12 million adults in the United States have had an experience of homelessness in their lifetime. Waxman and Trupin found that homeless adults in urban areas consisted of 47% single males and 14% single females. The same research also indicated that of the homeless in urban areas, 25% were children less than 18 years old.

Figures from the U.S. Department of Housing and Urban Development indicated that about 470,000 homeless people used shelter services at night in February 1996 (as cited in Warren, 1999). Compared to the male homeless population, the female homeless population was more likely to be in shelters, and they often had children with them (Sumerlin, 1995).

In a 1999 study, Warren found that about half of the homeless population suffered from chronic diseases and 39% were mentally ill. A study by Solarz and Bogat (1990) showed that 57 out of 125 of those using shelters had slight psychiatric problems, a history of crime, a history of victimization, or a history of transience.

Depression is a major mental disorder affecting the homeless population. Between 46% and 80% of homeless adults have been found to be suffering from clinical depression (Wong & Pilavin, 2001). This means that they
became clinically depressed at the rate of approximately two to four times the general population.

Many homeless shelters provide their residents with case management meetings and other life improving classes. Therefore, homeless people who stay in this kind of shelter have a higher possibility of preventing future homelessness than the homeless people living on the street without any programs. However, many homeless residents in shelters are suffering from depression, so they often do not have enough energy to participate in meetings and classes. As a result, some homeless residents skip them, or they do not have the will to learn from them due to their depression, although they attend them.

Therefore, preventing depression in homeless residents in shelters is a primary concern. If the issue is sufficiently addressed, the programs in shelters can work for homeless people efficiently, resulting in their independence and not returning to the shelters. In order to treat depression in homeless people, social workers and the other staff who work in the homeless shelters have to know the factors that contribute to the depression of their clients, and then they need to monitor their clients for the signs of depression factors.
Purpose of the Study

The purpose of the study was to find out whether or not there were specific factors that made homeless people depressed. Even though the general population also becomes depressed, some aspects of the unique environment and relationships of the homeless population can lead them to have depression. If these factors for the homeless are different from those of the general population, how to treat depression for the homeless population has to be different from general treatment of depression. Finding depressing factors for homeless people is the first step in order to establish strategies and programs that would prevent homeless people from being depressed. The current study hypothesized that basic needs and education are unique or main depression factors for the homeless population.

Inland Temporary Homes (ITH) is a shelter for families with children. ITH has established intensive programs for the residents so that they can live independently and will not return to homelessness again after leaving the shelter. In fact, ITH provides case management meetings three times per week. Moreover, there are family and individual counseling meetings, residential
meetings, parent meetings, nutrition classes, and therapeutic obligations for clients.

Even though the programs in the ITH are effective in preventing the residents from being homeless again, some residents cannot keep attending the case management meetings and other life improvement classes. One reason for their hesitation in attending the programs would be that they are too depressed to have the energy to attend the classes.

Significance of the Project for Social Work

If the current study can find some factors that make homeless clients depressed, these factors will help social workers establish more efficient strategies and programs that prevent homeless clients from being depressed. Moreover, if homeless clients can keep from being depressed, they can participate in other life improving programs with enthusiasm.

There were two research questions in the current study. The first question was that if a person was lacking some basic needs, was he or she more likely to be depressed than those who met basic needs? The second question was that if a person had a higher education, was
he or she less likely to be depressed than those who had lower education?
CHAPTER TWO
LITERATURE REVIEW

Introduction

First of all, this chapter reviews previous studies that explain the nature of the depression for the homeless population. Moreover, it is discussed that Maslow’s hierarchy of needs can be applied to the depression of the homeless population. At the latter part of this chapter, two depression factors, deprivation of basic needs and education are focused on.

Homeless Prevalence

Homelessness is one of the most difficult and challenging social problems in the United States. According to Link, Phelen, Bresnahan, Steuve, Moore, and Susser (1995) about 12 million adult individuals have experienced homelessness at some point of time in their lives. North and Smith (1993) found a majority of the homeless population on the streets were males, and mostly they were single. They also usually did not receive any financial support from governmental programs. On the other hand, most homeless females were living in shelters, and they usually received some type of aid from the government. Most of these were women with children in the shelters.
Stark's study (as cited in Sumerlin, 1995) found that the number of homeless families has drastically increasing in recent years. Despite of this increase in homeless families, the major population of homeless people consisted of single males living on streets (Sumerlin, 1995).

With regard to ethnicity, a study by Sumerlin, Privette, and Bundrick (1993) found that Caucasian homeless males preferred to live in urban areas, they had been homeless for more years, and were more likely to be homeless than African American males. Moreover, the same study found that Caucasian homeless males were more likely to express their anger to others than were African American males. However, Caucasian homeless males were less likely to participate in job-training programs.

Causes of Homelessness

There are many reasons why people become homeless. First of all, chronic poverty is the major cause of homelessness (Dail, 2000). According to United States Bureau of the Census (2001), 32.9 million Americans fell below the poverty line. In addition, 13.4 million (40% of the poor population) were living in extreme poverty (their incomes were lower than one-half of the poverty level).
More specifically, the causes of homelessness come from unemployment, little support from the government, unavailability of low-income housing, unavailable health insurance, domestic violence, mental illness, substance abuse, and other family problems (Dail, 2000).

General Causes of Depression

There are many possible factors that cause depression in the general public. Being female is a higher risk for depression. Higher social class has been found to be negatively correlated with depression. Unmarried people are more likely to be depressed. There is a relationship between age and depression. The largest group with depression is those over 65 years old. Teenagers also have a higher possibility to be depressed. If a family member has a history of depression, a person has a higher risk of depression. A person who has experienced the death of a parent has a greater risk of depression.

Homelessness and Depression

Homeless people are more likely to suffer from psychological distress than the general population (Wong & Piliavin, 2001). Littrell and Beck (2001) have found that homeless people have higher rates of depression than the general population. A 1992 Federal Task Force on
Homelessness and Mental Illness (as cited in Dail, 2000) indicated that 20-25% of homeless people suffer from mental illness. Research of Robertson and Winkleby (1996) showed that between 46% and 80% of homeless adults were clinically depressed. This means that homeless adults have about two to four times higher possibility of being depressed than the general population.

Stressful events are risk factors for depression. Compared with the general population, homeless people more frequently experience stressful events (Littrell & Beck, 2001). For example, Fischer’s study (as cited in Littrell & Beck, 2001) found that about 34% of homeless people were robbed or victimized. Moreover, many homeless people are unemployed (Fischer & Berakey, 1985).

Theories Guiding Conceptualization
Maslow’s hierarchy of needs is a guiding conceptualization of the current study. Maslow thought that humans have deep potential for personal development (Zastrow & Kirst-ashman, 2001). For example, he saw that humans by nature try to know themselves as much as possible and make an effort to develop their ability to the maximum. He believed that humans are good by nature and that humans' personality will be fulfilled if they can
reach self-actualization. However, he thought that there are few people who can reach self-actualization.

According to Maslow, a hierarchy of needs motivates human behavior. When people meet one level, they try to reach for the next level. He believed that if humans cannot meet one level, they cannot step up to the next level.

Maslow's hierarchy of needs consists of five levels (Zastrow & Kirst-ashman, 2001):

1. Physiological needs (most elemental needs), such as food, clothing, and shelter.
2. Safety needs (security and stability), such as no fear, no anxiety, and no threat.
3. Belonging and love needs (intimacy and affection), such as good relationships with family, friends, and lover.
5. Self-actualization: The person who fulfills self-actualization has these specific characteristics: "acceptance of self, of others, and of nature; seeking justice, truth, order, unity, and beauty; has problem-solving abilities; is self-directed; has freshness of
appreciation; has a richness of emotional responses; has satisfying and changing relationships with other people; is creative; and has a high sense of moral values” (Zastrow & Kirst-ashman, 2001, p. 433).

Homeless people also can be analyzed with Maslow’s hierarchy of needs. Stewart B. McKinney Homeless Assistance Act defines the homelessness as follow: “an individual who lacks a fixed, regular, and nighttime residence” (as cited in Dail, 2000. p. 333). Therefore, if Maslow’s hierarchy of needs is applied to homeless people, they are striving to satisfy the most elemental needs, physiological needs.

Maslow believed that humans, by nature, try to develop their ability fully (Zastrow & Kirst-ashman, 2001). According to Acton and Malathum (2000), if humans cannot meet their needs, they have increased tension and anxiety, and they perceive deprivation. Homeless people have to live in the elemental level of living. Because they are prevented from developing their basic ability, they might feel deprived and hopelessness. As a result, they might become depressed.

There are some researchers that studied the relationships between physiological needs (basic needs)
and depression. Research by Berg-Weger, Rubio, and Tebb (2000) found that the more caregivers increased depression, the more their basic needs suffered. They also indicated that the more caregivers feel competent, the more they could meet basic needs. Even though their study says that depression can weaken person's ability to meet basic needs, they never mention the opposite idea that deprivation of basic needs can lead to depression.

Wong and Piliavin (2001) indicated that perceived depression and psychological anxiety of homeless people might be decreased if they were chronically homeless. They thought the reason for this result was that the homeless people assimilated being homeless and retained their personal identity, so they could keep psychologically healthy and reduce the perception of depression.

Maslow believed that humans have a natural drive to make an effort to develop themselves (Zastrow & Kirst-ashman, 2001). Education is a tool to develop humans' ability. If humans have enough education, they would gain a higher possibility of earning enough money to meet their basic needs. Even if a person were trying to fulfill a level of self-actualization, the person might need a much higher educational level to fulfill creativity in his or her profession.
However, generally, homeless people are deprived of the opportunity to receive higher education due to their financial problems and family and environmental distress. Their lower education might affect the depression of homeless people.

Pillary and Sargent (1999) found that lower education was negatively associated with emotional distress, such as depression, anxiety and hopelessness. A study of Tammentie Tarkka, Astedt-Kurki, and Paavilainen (2002) found that postnatal mothers who had a symptom of depression had fewer years of education. The reports of Kohn, Hasty, and Henderson (2002) said that depressed persons who had less education required longer and more intensive treatment for their depression. The research of Amato and Partridge (1987) found that aspects of well-being were positively associated with well-educated mothers.

The current study assessed whether basic needs and education were really related to depression as previous studies have found. Moreover, in order to analyze whether or not basic needs and education are unique or the main depression factors for homeless population, this study compared the depression level of the homeless population with that of graduate school students, who met basic needs and had higher education.
Summary

Previous studies indicate that homelessness is a serious social problem in the United States. Some literatures also insist that, compared to the general population, the homeless population is more likely to suffer depression. Existing literature indicated that there are many possible factors that cause depression. The current study applies Maslow’s hierarchy of needs to the depression of the homeless population. Some research found that deprivation of basic needs and education were factors in depression. However, there are few previous studies that comparing depression with different population. The current study tried to find out if basic needs and education were unique or main depression factors for homeless population by the comparing homeless population with graduate school students.
CHAPTER THREE

METHODS

Introduction

In order to develop this project, basic steps were planned: how to establish a study design, how to carry out sampling, what methods of data collection and instruments this study utilized, what kinds of procedures this study followed, how to protect human subjects, and how to do data analysis.

Study Design

This study explored if lacking basic needs and having lower education were the unique or main depression factors for the homeless population. In order to examine this question, this study compared the level of depression between homeless persons and university graduate students. The researcher assumed that graduate students met basic needs and had higher education. This study also explored the relationships between the theory of Maslow’s hierarchy of needs and depression. According to Maslow’s theory, physiological needs are the first level of human need. The researcher defined physiological needs as basic needs, which homeless people are lacking. Higher education can be defined as the fulfillment of self-esteem, which is the
fourth level of Maslow's hierarchy of needs. Maslow believed that humans, by nature, try to fulfill their potential (Zastrow & Kirst-ashman, 2001). It was hypothesized that the deprivation of basic needs and higher education prevents humans from fulfilling their potential.

This study used a self-administered questionnaire survey design (see Appendix A). This questionnaire included basic demographic information on the populations including age, ethnicity, and gender. Moreover, in order to explore if basic needs and education level were related to depression, this questionnaire added amount of income and education level. Questions that were related to Maslow's hierarchy of needs, such as "if needs have been met for food, clothing, and shelter," were also included.

In addition, this study used the Center for Epidemiologic Studies Depressed Model Scale (CES-D). The CES-D is often used to measure depression in the homeless population (Sumerlin, 1995). This scale consists of 20 questions to assess the level of depression in individuals.
Data Collection and Instruments

The data were collected using a self-administered questionnaire. The questionnaire was distributed to voluntary participants who were residents in the Inland Temporary Homes (ITH) and applicants who visited or called to ITH in order to gain the shelter services of ITH. The questionnaires were also distributed to voluntary participants who were graduate students at California State University, San Bernardino. The questionnaires were written in English only, and it took about 20 minutes to complete.

The questionnaire included the Center for Epidemiologic Studies Depressed Model Scale (CES-D). The CES-D is a self-report instrument that consists of 20 questions. This scale assesses the presence and severity of depression that occurred over the last week. Each question is scored from 0 to 3 points by respondents (0 = rarely or none of the time, 1 = some or a little of the time, 2 = occasionally or a moderate amount of the time, and 3 = most or all of the time). After the questions are scored, the total scores are summed. The range of the total score is from 0 to 60. If the total scores are 16 or above, the results indicate that the respondents has high depressive symptoms. However, the
limitation of this scale is that the result does not mean that the respondents are diagnosed as clinically depressed.

There are reliability and validity data on the CES-D examined by Radloff (1977). As for reliability, his test showed that both internal-item and item-scale correlation were higher in a patient sample than in the general population samples. Internal consistency was high in the general population. In the patient sample, internal consistency was higher than the general population sample. As for validity, the CES-D scale can measure the symptoms of clinical depression although it is not designed for clinical setting.

The questionnaire was also designed to measure participants' ages (interval), ethnicities (nominal), education levels (ordinal), amount of income (ordinal), marital status (nominal), experience, frequency, and length of homelessness (interval), and the levels of Maslow's hierarchy of needs (ordinal).

There are five levels of Maslow's hierarchy of needs: physiological needs, safety needs, belongingness and love needs, self-esteem needs, and self-actualization needs. In order to measure the levels of Maslow's hierarchy of needs, the questionnaire asked how often participants thought
that they had fulfilled each level of needs. For example, in order to measure whether or not participants had fulfilled the safety need, the questionnaires asked how often participants thought their surroundings were physically safe. The participants would choose one out of four different frequencies: 1 = "Rarely or none of the times," 2 = "Some or little of the time," 3 = "Occasionally or a moderate amount of times," and 4 = "Most of all of the time."

Procedures

The data were obtained from the homeless population and graduate students over a period of four weeks in between February and March 2003. Three types of homeless population data were collected. The first one was the data from residents in the Inland Temporary Homes (ITH). The second data was from clients who used to be residents of ITH, and who participated in a one-year follow-up program. The third one was data from applicants who were seeking ITH programs. The data from residents of ITH and those in the follow-up program were obtained during their case management meetings. The data from applicants of ITH were collected when they visited or called to ITH by phone. Both residents and applicants of ITH were notified that
they were free to decline from this study whenever they wanted. Moreover, participants were informed that whether or not they participate this study would not be recorded.

The researcher collected data from graduate students by visiting California University, San Bernardino students who attended the Master of Social Work program. The researcher visited their classes, and asked them if they would participate in the research. The students were notified that they were free to decline from this study whenever they wanted. Moreover, they were informed that whether or not they participated this study would not be recorded.

The purpose of this study and its procedures were explained to all participants. They were also informed that they had a right to stop participating in this survey at any time. The researcher informed all participants that their privacy would be kept and that the answers of the questionnaires would not affect the services that they received at Inland Temporary Homes (for homeless participants) or grade of classes (for graduate students). An informed consent letter (see Appendix B) and the debriefing form (see Appendix C) were attached to the questionnaire.
Protection of Human Subjects

In order to maintain confidentiality, names were not recorded. After inputting the data in the computer, the questionnaires were kept in a locked cabinet until the end of the study. Then the questionnaires were destroyed. Participants were notified that they were free to decline from this study whenever they wanted. Moreover, they were informed that whether or not they participated in this study would not be recorded. Participants in this study were asked to sign informed consents before they started to fill in questionnaires. They also received debriefing statements with the names and telephone numbers of the researcher and the advisor if they had any questions concerning this study.

Data Analysis

This study tested the hypothesis that the homeless population, who were lacking basic needs and had lower education, were more likely to be depressed than graduate students, who met their basic needs and had higher education. The theory of Maslow's hierarchy of needs included basic needs as humans' physiological needs (first level of the hierarchy) and education as self-esteem (fourth level). It was hypothesized that deprivation at
each level of Maslow's hierarchy of needs was correlated with depression. Humans who were deprived of their needs would not be able to fulfill their potential, which could lead to depression.

Independent variables were the participants' status as homeless or graduate students (nominal variables). The questionnaire included what education level respondents achieved and how often they thought that they were lacking basic needs. Therefore, analysis could find out whether or not the homeless participants had a tendency of lacking basic needs and receiving low education. The measure of lacking basic needs was based on the participant's belief that he or she was lacking food, clothing, or shelter. The measure of education was the education level that participants had achieved at schools, such as receiving a high school diploma and undergraduate certificates.

Level of depression was the dependent variable of this study. Depression was measured by the Center for Epidemiologic Studies Depressed Model Scale (CES-D). The CES-D is a self-reporting instrument that consists of 20 questions. The range of the total scores is from 0 to 60. If the total scores are 16 or above, the results indicate that the respondents have high depressive symptoms. This
research hypothesized that there were more homeless than graduate student would score 16 or above on the CES-D test.

The t tests were used to determine whether or not there were significant differences of means of a continuous variable (e.g. depression scores) between two groups of a categorical variable (e.g. homeless groups and graduate student groups). Correlations between two continuous variables were also analyzed. Moreover, the one-way analyses (ANOVA) were conducted in order to examine if there were significant differences of means of a continuous variable between more than two groups of a categorical variable.

Summary

This study examined if lacking basic needs and having lower education were the unique or main depression factors for the homeless population. In order to examine this question, this study compared the level of depression between homeless persons and university graduate students. Basic steps were followed so that this research could develop smoothly: how to establish a study design, how to carry out sampling, what methods of data collection and instruments this study utilized, what kinds of procedures
this study followed, how to protect human subjects, and how to do data analysis.
CHAPTER FOUR

RESULTS

Introduction

Four types of analyses were conducted to evaluate the hypotheses of this study: the frequency distribution, the independent-samples t test, the one-way analysis (ANOVA), and Pearson's correlation test. The frequency distribution was used for analyzing the data of the general demographic, homeless situations (e.g., number of homeless experience and length), and depression experience of participants' parents. The independent-samples t tests were mainly used to find out whether or not there were significant differences of mean scores in depression and Maslow's hierarchy of needs between the homeless participants and the graduate students. The one-way analyses (ANOVA) were also conducted in order to examine if there were significant differences of means of a continuous variable between more than two groups of a categorical variable. Furthermore, Pearson's correlation test between two continuous variables was analyzed.

Presentation of the Findings

Sixty-eight people participated in this study voluntarily. Because four people did not complete the
survey properly, these participants were excluded for the data analysis. As a result, the total number of participants used in this study was 64. The number of homeless participants from Inland Temporary Homes (ITH) was 31 (48.4%), and that of the MSW graduate students at California State University, San Bernardino was 33 (51.6%). The gender distribution of this survey was: 52 women (81.3%) and 12 men (18.8%). The ethnic distribution was: 28 Caucasians (43.8%), 17 Latinos (26.6%), 15 African Americans (23.4%), 2 Asians (3.1%), and 2 Others (3.1%).

The age range was from 22 to 54. The age variables were placed into four categories: 29 or younger, 30-39, 40-49, and 50 or older. Twenty participants (31.3%) were 29 or younger, 25 (39.1%) were 30-39, 15 (23.4%) were 40-49, and 4 (6.3%) were age 50 or older.

Educational achievement of participants was: 17 (26.6%) were less than a high school graduate, 8 (12.5%) were a high school graduate or passed the GED test, 4 (6.3%) were attending college, 1 (1.6%) had a associate’s degree, 27 (42.2%) had a bachelor’s degree, 7 (10.9%) had a master’s degree, and no one had a Ph. D degree.

The researcher split the frequency of educational achievement by the homeless participants and the graduate student because of making sure that the graduate students
had higher educational achievements. The results showed that: one out of 31 homeless participants (3.2%) had a bachelor’s degree; on the other hand, 26 out of 33 graduate students (78.8%) had a bachelor’s degree. The results also showed that: none out of 31 homeless participants had a master’s degree; on the other hand, 7 out of 33 graduate students had a master’s degree. Therefore, the results implied that the graduate students had higher educational achievements than homeless participants.

The income distribution of the participants was: 18 participants (28.1%) were between $0-$7,500; 19 (29.7%) were $7,501-$15,000; 5 (7.8%) were $15,001-$30,000; 5 (7.8%) were $30,001-$45,000; and 17 (26.6%) were over $45,000.

The marital status distribution included: 17 participants (26.6%) were single, 14 (21.9%) were in a committed relationship, 27 (42.2%) were married, and 6 were divorced.

As for distribution of homelessness, 32 participants (50%) had an experience of homelessness, 31 (48.4%) did not have the experience, and 1 (1.6%) was missing. The frequency of homelessness was: 21 participants (32.8%) had one experience of homelessness, 5 (7.8%) had two
experiences, 3 had three experiences, 1 had four experiences, and 34 (53.1%) did not answer the question due to no experience of homelessness or other reasons. The result of the length of homelessness distribution was: 1 participant (1.6%) had been homeless for less than a week, 8 (12.5%) were less than a month, 13 (20.3%) were less than six months, 6 (9.4%) were less than a year, 2 (3.1%) were less than three years, and 1 (1.6%) was more than three years.

As for the parents’ depression, 23 participants (35.9%) responded that they had a parent who suffered from depression, 36 (56.3%) did not have a parent who did it, 4 (6.3%) answered that they did not know it, and 1 participant (1.6%) was missing.

An independent-samples t test was conducted to evaluate the hypothesis that homeless people are more depressed than graduate students. The test was significant, t(62) = 5.11, p < .01 (see Appendix D, Figure 1). The homeless participants (M = 28.52, SD = 10.26) on average had higher scores on the CES-D depression scale than the graduate students (M = 17.94, SD = 5.83).

Even though the graduate participants might not be homeless now, some of them could have had an experience of being homeless in the past. In this study, 32 participants
(50%) had an experience of homelessness regardless if it was in the past or now. An independent-samples t test was significant, $t(61) = 5.60$, $p < .01$. The participants who had an experience of homelessness ($M = 28.66$, $SD = 10.47$) on average had higher scores on the CES-D depression scale than those who did not have an experience of homelessness ($M = 17.26$, $SD = 4.41$).

The researcher computed the total scores of five levels of Maslow’s hierarchy of needs, and the new valuables were called “Maslow’s total scale (MASTOTA).” Each level of needs had four different frequencies: 1 = “Rarely or none of the time,” 2 = ”Some or little of the time,” 3 = “Occasionally or a moderate amount of time,” and 4 = “Most of all of the time.” Therefore, each level was scored from 1 to 4, and total score of five levels was ranged from 5 to 20. This total scale was interpreted that the higher scores, the more respondents met Maslow’s hierarchy of needs.

An independent-samples t test was conducted to examine the hypothesis that the homeless people meet Maslow’s hierarchy of needs less than the graduate students. The test was significant, $t(62) = -7.34$, $p < .01$. The homeless participants ($M = 13.19$, $SD = 4.15$) on average had lower scores on Maslow’s total scale.
(MASTOTA) than those in the graduate students ($M = 19.94, SD = 1.68$).

An independent-samples $t$ test was also used to examine whether or not a homeless experience affects Maslow's hierarchy of needs. The test was significant, $t(61) = -6.39, p < .01$. The participants who had an experience of homelessness ($M = 13.69, SD = 4.25$) on average had lower scores on Maslow's total scale (MASTOTA) than those who did not had an experience of homelessness ($M = 18.94, SD = 1.71$).

In order to make sure that the homeless participants were more lacking basic needs (Maslow's physiological needs) than the graduate students, an independent-samples $t$ test was also conducted. The test was significant, $t(62) = -5.31, p < .01$. The homeless participants ($M = 2.87, SD = 1.18$) on average had lower scores on Maslow's physiological needs (basic needs) than the graduate students ($M = 3.97, SD = .17$).

A one-way analysis of variance was conducted to evaluate the relationship between educational achievement and depression. The independent variables, the educational achievement, were placed from six categories to five categories due to small number of participants: less than high school graduate, high school graduate, attending
college or associate’s degree, bachelor’s degree, and master’s degree. This new educational achievement variable was called EDU2. The dependent variable was the scores of the CES-D depression scale. The ANOVA was significant, F(4) = 7.63, p < .01 (see Appendix D, Figure 2).

Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among five groups of EDU2. The result of post hoc tests indicated significant differences (at the .05 level) in the means between the groups of the less than high school graduate and the bachelor’s degree, the less than high school graduate and the master’s degree, the high school graduate and the master’s degree, the attending college or associate’s degree and the bachelor’s degree, and the attending college or associate’s degree and the master’s degree. The groups of the higher educational achievement showed significantly lower depression scores than those of the poor educational achievement.

In order to evaluate the relationship between the yearly income and depression, a one-way analysis of variance was conducted. The independent variable, the yearly income, included five levels: $0-$7,500; $7,501-$15,000; $15,001-$30,000; $30,001-$45,000; and over
$45,000. The dependent variable was the scores of the CES-D depression scale. The ANOVA was significant, $F(4) = 7.07, p < .01$.

Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among five groups of the yearly income. The result of post hoc tests indicated significant differences (at the .05 level) in the means between the groups of $0-$7,500 and $15,001-$30,000; $0-$7,500 and over $45,000; and $7,501-$15,000 and over $45,000. The groups that had higher yearly income showed lower depression scores than those of lower yearly income groups.

A one-way analysis of variance was conducted to evaluate the relationship between the marital status and depression. The independent variables, the marital status, included four levels: single, in a committed situation, married, and divorced. The dependent variable was the scores of the CES-D depression scale. The ANOVA was significant, $F(3) = 4.93, p < .01$.

Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among four groups of the marital status. The result of
post hoc tests indicated significant differences (at the .05 level) in the means only between the groups of the single and the married. The group of the single showed higher depression scores than that of the married.

A one-way analysis of variance was conducted to evaluate the relationship between the homeless length and depression. The independent variables, the homeless length, were placed from seven categories to five categories due to small number of participants: no experience, less than a month, less than six month, less than a year, and more than a year. This new homeless length variable was called HOMLENG2. The dependent variable was the scores of the CES-D depression scale. The ANOVA was significant, $F(4) = 9.91, p < .01$.

Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among five groups of HOMLENG2. The result of post hoc tests indicated significant differences (at the .05 level) in the means between the group of: no experience and less than a month, no experience and less than six month, no experience and less than a year, no experience and more than a year, less than a month and more than a year, and less than six month and more than a year. The groups of
the longer homeless length showed significantly higher depression scores than those of shorter or no experience.

The relationship between the ethnicity and Maslow’s hierarchy of needs was evaluated by a one-way analysis of variance. The independent variable, ethnicity differences, included five levels: Latino, Caucasian, African American, Asian, and Other. The dependent variable was the scores of Maslow’s total scale (MASTOTA). The ANOVA was significant, $F(4) = 5.02, p < .01$.

Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among five ethnic groups. The result of post hoc tests indicated significant differences (at the .05 level) in the means between the group of: Latino and African American, and Caucasian and African American. The African American group showed significantly lower scores of Maslow’s total scale (MASTOTA) than those of Latino and Caucasian.

A one-way analysis of variance was conducted to evaluate the relationship between the educational achievement and basic needs. The independent variables, the educational achievement (EDU2), included five groups: less than high school graduate, high school graduate,
attending college or associate’s degree, bachelor’s degree, and master’s degree. The dependent variable was the scores of Maslow’s physiological needs (basic needs). The ANOVA was significant, $F(4) = 9.50$, $p < .01$.

Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among five groups of EDU2. The result of post hoc tests indicated significant differences (at the .05 level) in the means between the groups of the less than high school graduate and the bachelor’s degree, the less than high school graduate and the master’s degree, the high school graduate and the bachelor’s degree, the high school graduate and the master’s degree. The groups of the higher educational achievement felt that they met physiological needs (basic needs) significantly more than those of the poor educational achievement.

A one-way analysis of variance was conducted to evaluate the relationship between the educational achievement and Maslow’s hierarchy of needs. The independent variables, the educational achievement (EDU2), included five groups: less than high school graduate, high school graduate, attending college or associate’s degree, bachelor’s degree, and master’s degree. The dependent
variable was the scores of Maslow's total scale (MASTOTA). The ANOVA was significant, $F(4) = 16.77$, $p < .01$.

Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among five groups of educational achievement. The result of post hoc tests indicated significant differences (at the .05 level) in the means between the group of: the less than high school graduate and the bachelor's degree, the less than high school graduate and the master's degree, the high school graduate and the bachelor's degree, the high school graduate and the master's degree, and the attending college or the associate degree and the master's degree. The groups of the higher educational achievement showed significantly higher score of Maslow's total scale (MASTOTA) than those of the lower educational achievement.

A one-way analysis of variance was conducted to evaluate the relationship between the yearly income and Maslow's hierarchy of needs. The independent variable, the yearly income, included five levels: $0-$7,500; $7,501-$15,000; $15,001-$30,000; $30,001-$45,000; and over $45,000. The dependent variable was the scores of Maslow's total scale (MASTOTA). The ANOVA was significant, $F(4) = 7.95$, $p < .01$. 
Follow-up tests were conducted to evaluate pairwise differences among the means. A test of homogeneity of variances indicated that the group sizes were unequal among five groups of the yearly income. The result of post hoc tests indicated significant differences (at the .05 level) in the means between the groups of $0-$7,500 and over $45,000; and $7,501-$15,000 and over $45,000. The groups that had higher yearly income showed higher score of Maslow’s total scale (MASTOTA) than those of lower yearly income groups.

Pearson’s correlation test was conducted to evaluate the relationship between depression and Maslow’s hierarchy of needs. The result of the test (see Appendix D, Figure 3) was significantly correlated ($r = -.662$) at the .01 level (2-tailed). This result suggested that participants who strongly felt that they met Maslow’s hierarchy of needs were less depressed.

The relationship between the frequency of homeless experience and depression is also examined by Pearson’s correlation test. The result of the test was significantly correlated ($r = .440$) at the .01 level (2-tailed). This result suggested that the higher the frequency of homeless experiences, the more participants were depressed.
Pearson’s correlation test was also used to examine the relationship between the frequency of homeless experience and Maslow’s hierarchy of needs. The result of the test was significantly correlated ($r = -0.481$) at the .01 level (2-tailed). This result implied that the higher the frequency of homeless experiences, the fewer participants felt that they met Maslow’s hierarchy of needs.

The relationship among the levels of Maslow’s hierarchy of needs was evaluated with Pearson’s correlation test. The results of all pair were significantly correlated (2-tailed): physiological needs and safety needs ($r = 0.556$ at .01 level), physiological needs and belonging and love needs ($r = 0.614$ at .01 level), physiological needs and self-esteem needs ($r = 0.499$ at .01 level), physiological needs and self-actualization needs ($r = 0.562$ at .01 level), safety needs and belonging and love needs ($r = 0.516$ at .01 level), safety needs and self-esteem needs ($r = 0.349$ at .01 level), safety needs and self-actualization needs ($r = 0.319$ at .05 level), belonging and love needs and self-esteem needs ($r = 0.460$ at .01 level), belonging and love needs and self-actualization needs ($r = 0.649$ at .01 level), self-esteem needs and self-actualization needs.
The results suggested that if participants felt strongly that they met a level of Maslow's hierarchy of needs, they were more likely to feel that they also met other levels of needs strongly.

Pearson's correlation coefficient test was conducted to evaluate the relationship between each level of Maslow's hierarchy of needs and depression. The results of the scores of each level of Maslow's total scale and those of the CES-D depression scale were significantly correlated (2-tailed): physiological needs and depression ($r = -.640$ at .01 level, [see Appendix D, Figure 4]), safety needs and depression ($r = -.419$ at .01 level), belonging and love needs and depression ($r = -.652$ at .01 level), self-esteem needs and depression ($r = -.331$ at .01 level), and self-actualization needs and depression ($r = -.545$ at .01 level). These results showed that participants who strongly felt that they met each level of Maslow's hierarchy of needs had the lower depression.

**Summary**

In this study, four types of analyses were conducted to evaluate the hypotheses of this study: the frequency distribution, the independent-samples $t$ test, the one-way analysis (ANOVA), and Pearson's correlation test. There
were many significant results of data analysis that supported research hypotheses in this study.
CHAPTER FIVE

DISCUSSION

Introduction

The goal of this study was to find out whether or not there are specific factors that make homeless people depressed. The researcher hypothesized that basic needs and education are unique or main depression factors for the homeless population. This chapter discusses whether or not the research hypotheses were supported by the result of analyzed data. This chapter also describes limitations and recommendations for further study to clarify more the issue of homeless depression.

Discussion

The purpose of this study was to find out whether or not there are specific factors that make homeless people depressed. Many homeless residents in shelters are suffering from depression, so they are often too depressed to participate in life improving services that homeless shelters provide. Therefore, preventing depression in homeless residents in shelters is a primary issue. The current study hypothesized that basic needs and education are unique or main depression factors for the homeless population.
The researcher made two specific hypotheses. The first hypothesis was that if a person is lacking some basic needs, he or she is more likely to be depressed than others whose basic needs are met. The second hypothesis was that if a person has a higher education, he or she is less likely to be depressed than those who have lower educational achievement. The results of the analyzed data supported these two research hypotheses.

The results of this study supported the first hypothesis: if a person is lacking some basic needs, he or she is more likely to be depressed than others whose basic needs are met. First of all, the study found that the participants who did not meet basic needs (Maslow’s physiological needs) were more likely to be depressed. In addition, the current study found that the homeless participants were more lacking basic needs (Maslow’s physiological needs) than the graduate students. The result of the current study also showed that the homeless participants were more depressed than the graduate students. Therefore, these results supported the hypothesis that homeless people, lacking basic needs, are more likely to be depressed than graduate students, meeting more basic needs.
Where did the higher ability of meeting basic needs, which the graduate students had, come from? The researcher sees that the problem-solving skills, included in higher education, are main factors that improve the ability. The graduate students might not only be educated but also experience to meet it.

There was a question of what lacking basic needs means, and the researcher conceptualized lacking basic needs as deprivation of Maslow's physiological needs, such as lacking shelter, food, and clothing. According to Acton and Malathum (2000), if people cannot meet their needs, they have increased tension and anxiety, and they perceive deprivation. Therefore, the researcher made a concept that the deprivation of needs, which increase tension and anxiety, leads to depression. As a consequence, the relationship between Maslow's hierarchy of needs and depression were explored in this study. The results suggest that meeting Maslow's hierarchy of needs affect the prevention of depression.

The results of this study showed that the participants who strongly felt that they met Maslow's physiological needs were less depressed. Moreover, this study also found that the participants who strongly felt that they met all levels of Maslow's hierarchy of needs
were less depressed. As a result, there is significant relationship between Maslow’s hierarchy of needs and depression. These results imply that people who have experienced meeting each level of Maslow’s hierarchy of needs would reduce their feelings of deprivation, which induces tension and anxiety. This process might have reduced their depression as well.

In addition, the results of the analyzed data supported the second hypothesis: If a person has a higher education, he or she is less likely to be depressed than those who have lower educational achievement. The analyzed data of this study showed that the groups with higher educational achievement showed significantly lower depression scores than those with poor educational achievement. Specifically, the depression of the participants who had a bachelor’s or a master’s degree was significantly lower than those who did not have the degree. These results suggest that the coursework included in a bachelor’s program as well as a master’s contains factors that reduce the level of depression. The researcher sees that these higher degrees of education include efficient problem-solving skills.

This study also found significant factors leading to people being depressed. First, the groups that had higher
yearly income showed lower depression scores than those of lower yearly income groups. These results imply that higher yearly income would prevent people from their feelings of deprivation of basic needs (Maslow’s physiological needs). This prevention would defer any possible tension and anxiety; as a result, the depression level would also be decreased.

Second, the group of the single persons exhibited higher depression scores than that of the married persons. The status of being married must increase the perception of meeting each level of Maslow’s hierarchy of needs, especially, Maslow’s belonging and love needs. Moreover, the status of being married might be able to increase their income if both couples are working, and the higher income would meet more basic needs.

Third, the groups experiencing a longer homeless period showed significantly higher depression scores than those of shorter or no experience. These results might be explained by the theory of the learned helplessness (Domjan, 1998). People who experienced a longer homelessness might have attempted to escape from homelessness in the past. However, they might have thought that their attempts were useless because they could not escape. As a consequence, they might learn that their
problems were out of their control. This perception of an out of control state might lead to their helplessness and cause a greater depression.

Fourth, the results suggested that the higher the frequency of homelessness, the more the participants were depressed. These results could be also explained by the theory of the learned helplessness (Domjan, 1998). People who repeated being homeless would learn that their lives were out of control. Then, they felt hopeless and were more depressed.

In addition, the results of this study found other significant relationships between Maslow’s hierarchy of needs and other variables. The first finding was that the homeless participants met Maslow’s hierarchy of needs less than the graduate students. The second one was that the African American group showed significantly lower scores of Maslow’s hierarchy of needs than those of Latino and Caucasian. The third one was that the groups with higher educational achievement scored significantly higher on the scale of Maslow’s hierarchy of needs than those with poor educational achievement. The fourth was that the groups that had higher yearly income showed higher scores of Maslow’s hierarchy of needs than those of lower yearly income groups. The fifth was that the more number
experiencing the homelessness, the fewer participants felt that they met Maslow’s hierarchy of needs. The last one was that the higher the frequency of homelessness, the fewer participants felt that they met Maslow’s hierarchy of needs. These findings suggest that encouraging homeless people to meet Maslow’s hierarchy of needs is an effective strategy to escape them from being homeless. The first step would be encouraging or supporting homeless people to meet the first level of needs, physiological needs.

In a summary, this study supported the hypotheses and found some factors relating to depression: lacking basic needs, poor educational achievement, lacking other of Maslow’s hierarchy of needs, being single, lower income, higher frequency of homeless experience, and longer homeless experience. It can be said that many homeless people fit these factors relating to depression. On the other hand, graduate students fit these factors less than homeless people.

The findings of this study suggest that both meeting Maslow’s hierarchy of needs and gaining higher educational achievement help homeless people decrease their distress of depression. However, from the long range view points, the researcher would like to empathize encouraging and
supporting homeless people to gain higher educational achievement more than meeting Maslow’s hierarchy of needs.

There are some reasons to empathize to promote higher educational achievement for homeless people more than basic needs. First, the higher educational achievement itself can reduce depression, which homeless population more suffers from than the general population. Second, the higher educational achievement can increase meeting the possibility of Maslow’s hierarchy of needs including basic needs (physiological needs). Third, higher educational achievement can increase the possibility receiving higher income, which also reduces depression. Finally, supporting only basic needs, such as providing free food or shelter, has a risk of making homeless people more dependent and keeping them as a homeless.

Specifically, the professionals who run homeless shelters should emphasize more educational programs, such as GED or basic reading and writing classes, so that they can be ready to step to higher educational achievement.

Limitations

There are some limitations that apply to this study. First, there is an issue of the generalization. The number of this study might be too small (N = 64) to apply the
analyzed data to the general population. Moreover, the data of the homeless participants in this study were collected from Inland Temporary Homes (ITH), a homeless shelter for families with children. The majority of the homeless population in the United States is single, so the data in this study might not represent the general homeless population. Second, the instrument measuring Maslow's hierarchy of needs was created by the researcher, so there was no evaluation of validity and reliability of this instrument. Third, there might be a subject effect. Because some homeless participants answered the survey that was read by their caseworkers, there was a possibility that some participants made a positive self-presentation in order to be looked on as a good client.

Recommendations for Social Work Practice, Policy and Research

There are recommendations for social practice. First of all, social workers working in the homeless shelters have to know that it is important to assess their clients' depression. Even if they have excellent services, these services might be of no use if their clients do not have an ability to receive them effectively due to their depression. The social workers should also encourage their
clients to attend educational programs, such as GED classes, so that they can step to higher educational achievement that would reduce depression and increase their ability to meet basic needs.

There are also recommendations for policies. Many states are trying to reduce the budgets of social services. On the other hand, the poverty that is the main cause of homelessness becomes more serious in the United States (United States Bureau of the Census, 2001). Therefore, states should consider increasing budgets of social services, especially, education for homeless people, which would lead to reduce depression and meet basic needs.

Finally, there are recommendations for research. Further research into the effects of educational achievement on depression is needed. There are many kinds of education, such as mathematics, economics, and social work. Therefore, there arises a question of what kinds of educational factors help people reduce depression. For example, if an educational class promotes a factor of problem-solving skills, does the class help a person meet Maslow's hierarchy of needs and reduce depression? It is also recommended to develop a better instrument that can measure Maslow's hierarchy of needs with validity and
reliability. In addition, more investigation is recommended to examine whether or not many number and longer periods of homelessness are related to depression. This study showed that frequent and longer periods of homelessness increased the severity of depression. However, Wong and Piliavin’s study (2001) found that chronic homelessness reduced the severity of depression.

Conclusions

The goal of this study was to find out whether or not there are specific factors that make homeless people depressed. This study found some factors relating to depression: lacking basic needs, poor educational achievement, lacking other of Maslow’s hierarchy of needs, being single, lower income, higher frequency of homeless experiences, and longer homeless experiences. It can be seen that many homeless people fit these factors relating to depression. The researcher suggested that as the first step in reducing depression, it would be helpful to encourage and support homeless people to gain higher educational achievement.
APPENDIX A

QUESTIONNAIRE
Questionnaire

1. I am ____ years old.

2. ( ) Male    ( ) Female

3. Ethnic Identity:
   1. ____ Latino/Spanish origin/Hispanic
   2. ____ White/Caucasian
   3. ____ African American
   4. ____ Asian/Asian Pacific/Pacific Islander
   5. ____ Native American/American Indian
   6. ____ Other (Please Specifically) ____________________________

4. Highest grade completed:
   1. ____ Less than high school
   2. ____ High School Graduate
   3. ____ Attending College
   4. ____ AA or AS Degree
   5. ____ Bachelor’s Degree
   6. ____ Graduate Degree
   7. ____ Ph. D

5. Yearly income of your family:
   1. ____ $0—$7,500
   2. ____ $7,501—$15,000
   3. ____ $15,001—$30,000
   4. ____ $30,001—$45,000
   5. ____ Over $45,000

6. Marital Status:
   1. ____ Single
   2. ____ In a committed relationship
   3. ____ Married
   4. ____ Separated
   5. ____ Widowed
   6. ____ Divorced

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7. Have you ever been homeless?
   1. ___ Yes
   2. ___ No

8. If you answered “Yes” to question number 7, how many times have you been homeless:
   I have been homeless __________ times.

9. If you answered “yes” to question number 8, how long were you homeless?
   I was homeless for
   1. ___ less than a week
   2. ___ less than a month
   3. ___ less than six month
   4. ___ less than a year
   5. ___ less than three year
   6. ___ more than three year

10. Do you have a parent or family member who struggled with depression?
    1. ___ Yes
    2. ___ No
11. Using the scale below, please indicate the number which best describes how often you felt or behaved this way—DURING THE PAST WEEK.

0 = Rarely or none of the time (less than 1 day)
1 = Some or little of the time (1-2 days)
2 = Occasionally or a moderate amount of time (3-4 days)
3 = Most of all of the time (5-7 days)

During the past week:
1. _____ I was bothered by things that usually don't bother me.
2. _____ I did not feel like eating; my appetite was poor.
3. _____ I felt that I would not shake off the blues even with help from my family or friends.
4. _____ I felt that I was just as good as other people.
5. _____ I had trouble keeping my mind on what I was doing.
6. _____ I felt depressed.
7. _____ I felt that everything I did was an effort.
8. _____ I felt hopeful about the future.
9. _____ I thought my life had been a failure.
10. _____ I felt fearful.
11. _____ My sleep was restless.
12. _____ I was happy.
13. _____ I talked less than usual.
14. _____ I felt lonely.
15. _____ People were unfriendly.
16. _____ I enjoyed life.
17. _____ I had crying spells.
18. _____ I felt sad.
19. _____ I felt that people disliked me.
20. _____ I could not get "going."
12. How often do you feel that you have met your basic needs, such as food, clothing, and shelter?
   1. ___ Rarely or none of the time
   2. ___ Some or little of the time
   3. ___ Occasionally or a moderate amount of time
   4. ___ Most of all of the time

13. How often do you feel that your surroundings are physically safe?
   1. ___ Rarely or none of the time
   2. ___ Some or little of the time
   3. ___ Occasionally or a moderate amount of time
   4. ___ Most of all of the time

14. How often do you feel that you receive support from your friends, family, or partner?
   1. ___ Rarely or none of the time
   2. ___ Some or little of the time
   3. ___ Occasionally or a moderate amount of time
   4. ___ Most of all of the time

15. How often do you feel that you have self-esteem?
   1. ___ Rarely or none of the time
   2. ___ Some or little of the time
   3. ___ Occasionally or a moderate amount of time
   4. ___ Most of all of the time

16. How often do you feel that you are reaching toward your potential?
   1. ___ Rarely or none of the time
   2. ___ Some or little of the time
   3. ___ Occasionally or a moderate amount of time
   4. ___ Most of all of the time

Thank you for participating in this study
APPENDIX B

INFORMED CONSENT
Informed Consent

My name is Tsudoi Suzuki, and I am a Master of Social Work student at California State University, San Bernardino. The purpose of my study is to explore the issue of depression, which is one of the most serious problems in our society. It is hoped that this study will help prevent depression. The Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino, has approved this study.

It is your voluntary choice whether you participate in this study or not. Therefore, you are free to decline from this study whenever you want. If you decide to participate in this study, you will be asked to fill out a questionnaire that will take about 20 minutes to complete. The questions include basic demographic questions, experiences with depression, and life achievements.

Your answers will be anonymous, and your name will not be recorded anywhere. Moreover, Inland Temporary Homes and the Department of Social Work will not know whether you participate or not.

If you agree to participate in this study, please mark this informed consent below.

If you have any questions or concerns about this study, please feel free to contact my research supervisor, Thomas Davis, Ph.D. at (909) 880-5500, Ext. 3839.

By signing “X” on the blank below, I acknowledge that I have been informed of and understand the purpose of this study and agree to participate in this study. I am also 18 years old or older.

_____ (Please put “X” on this blank) Date: ___/___/___
APPENDIX C

DEBRIEFING STATEMENT
Debriefing Statement

Thank you for your participation. The questionnaire that you have just completed was designed to examine the issue of depression, which is one of the most serious problems in our society. It is hoped that it will help prevent depression. In this study, researchers have an idea that there are some unique or main factors that make the homeless population depressed.

If you have any questions or concerns about this study, please feel free to contact my research supervisor, Thomas Davis, Ph.D. at (909) 880-5500, Ext. 3839. In case this study has caused you any problems, such as elevating your depression, the following counseling service is available; the phone number is (800) 843-7274.

The results of this study will be available in the Pfau Library and the Department of Social Work at California State University, San Bernardino after July 2003.
APPENDIX D

FIGURES
Figure 1. Distributions of the CES-D depression scores between the homeless participants and the graduate students.
Figure 2. Distributions of the CES-D depression scores among five levels of educational achievement: less than a high school graduate, high school graduate, attending college or has an associate's degree, bachelor's degree, and master's degree.
Figure 3. Distribution of correlation coefficient between the scores of the CES-D depression scale and the scores of Maslow's total scale (MASTOTA)
Figure 4. Distribution of correlation coefficient between the scores of the CES-D depression scale and the scores of Maslow's basic needs (physiological needs) scale.
REFERENCES


