HOMELESS & HOUSING RESOURCE CENTER

Loneliness Among Homeless and Formerly Homeless Individuals

December 3, 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

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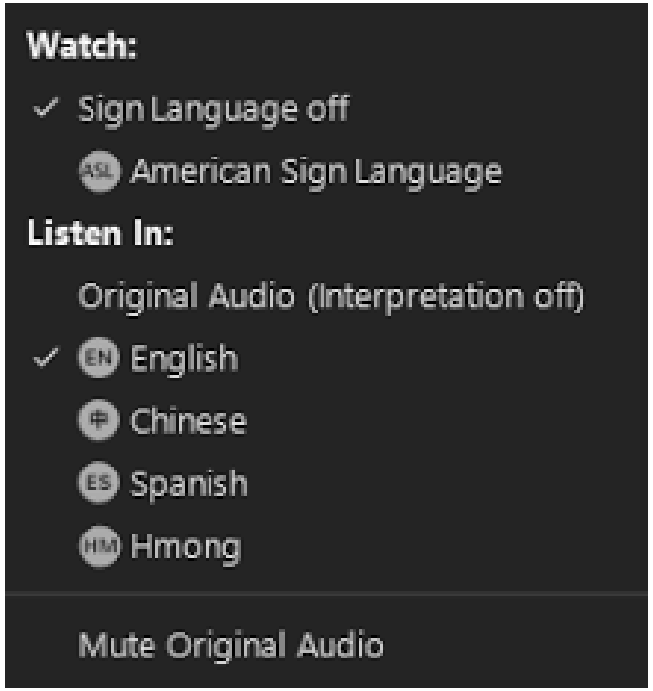

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COMMUNITY INTEGRATION AMONG ADULTS EXPERIENCING SERIOUS MENTAL HEALTH CHALLENGES AND HOMELESSNESS

Greg Townley, Ph.D.

Portland State University

SAMHSA Webinar

Loneliness Among Homeless and Formerly Homeless Individuals

12/3/2024

COLLABORATORS AND FUNDERS

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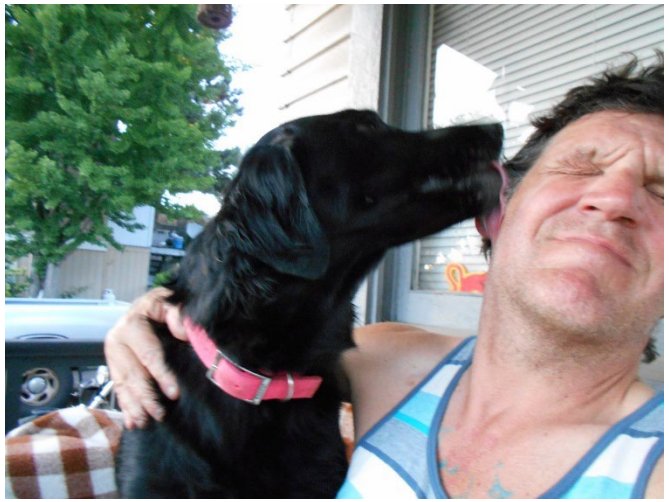
A HOME

A JOB

A FRIEND



COMMUNITY INTEGRATION IS A RIGHT

- The fundamental right of individuals with disabilities to live, work, engage with others, and enjoy recreational activities in the same manner as peers without disabilities
- In the 21st century, the ideal of individuals with disabilities being fully integrated into their communities remains an unachieved goal
- As noted by Ware and colleagues, individuals with serious mental illnesses may be described as "in the community, but not of it" (2007, p. 469).

COMMUNITY INTEGRATION

- Traditional conceptualization:
  - Physical presence in the community
  - Frequency of participation in community activities and use of community resources
- Expansion of the community integration definition:
  - **Physical integration** (community participation)
  - **Social Integration** (social support)
  - **Psychological integration** (sense of community/ belonging)

COMMUNITY INTEGRATION, CONT.

- Community integration has been associated with:
  - Well-being and quality of life
  - Improved mental health
  - Reduced loneliness and increased social relationships
  - Increased involvement in social and vocational activities
  - Housing stability and satisfaction

LONELINESS AMONG PEOPLE EXPERIENCING SERIOUS MENTAL HEALTH CHALLENGES AND HOMELESSNESS

- Loneliness has been characterized as ”a silent killer” that is at epidemic levels (Jeste et al., 2020).
- Among people with serious mental illness and people experiencing homelessness, loneliness has an especially high prevalence, with studies showing that 41% of adults with SMI are severely lonely (Nagata et al., 2023) and up to 40% of the homeless population feels lonely (Patanwala et al., 2018).

EFFECTS OF LONELINESS AMONG PEOPLE WITH SERIOUS MENTAL HEALTH CHALLENGES AND HOMELESSNESS

- For all people, loneliness has been found to be associated with increased risk of cardiovascular disease, dementia risk, elevated cortisol levels, and early death (McCorkmick et al., 2024)
- For people with SMI, loneliness has been associated with increased odds of general and psychiatric hospitalization, lower levels of self-efficacy related to disease management, depressive symptoms, and thoughts of self-harm (Fortuna et al., 2020).
- People experiencing homelessness who are lonely are less likely to contact counselors and social workers or visit physicians in the case of illnesses (Bertram et al., 2021)

THE ROLE OF SOCIAL SUPPORT

- Importance of social support
  - People with larger support networks report greater perceived community integration (Townley, Miller, & Kloos, 2013)
  - People with larger social support network size and more network satisfaction score higher on the Recovery Assessment Scale (RAS) (Corrigan et al., 2004; Hendryx et al., 2009)

- Challenges
  - Problems with social isolation and loneliness as well as needs for companionship and intimate relationships are among the most significant unmet needs for people with SMI and histories of homelessness (McCormick et al., 2024; Townley et al., 2013)
  - Challenges establishing supportive social networks
    - Less diverse and interconnected
    - Greater reliance on dependent ties; Less reciprocity
    - Network crisis following a first major mental health episode and losses to social support experienced during episodes of homelessness

TYPES OF SOCIAL SUPPORT

- Family/ friends
  - Supportive role of friends, parents, siblings, children
  - Living with others helps to reduce isolation (Browne, 2005)
  - Reciprocal relationships are most desired (Boydell et al., 2002)
  - Can be both sources of nurturing and also rejection (Padgett et al., 2009)

- Relationships tied to the mental health system
  - Mental health staff and other consumers provide a "safety net" (Felce et al., 2002; Nelson et al., 2001) and can help connect people to community resources (Dickard & Townley, under review)
  - Should be the facilitator of supports rather than the primary supports (Dileo, 2007)
  - Mental health staff may actively hinder individuals' efforts to participate (Abraham & Stein, 2009)

DISTAL SUPPORT

- Distal Support (Townley, et al., 2013l Wieland et al., 2007)
  - Naturally-occurring supports in the community
  - The support provided through casual community relationships developed via regular contact with other individuals living and working in the same community
  - Weak ties (Granovetter, 1973)
  - Associated with higher life satisfaction and sense of belonging
  - May be particularly critical for individuals whose close networks are truncated

EXAMPLES

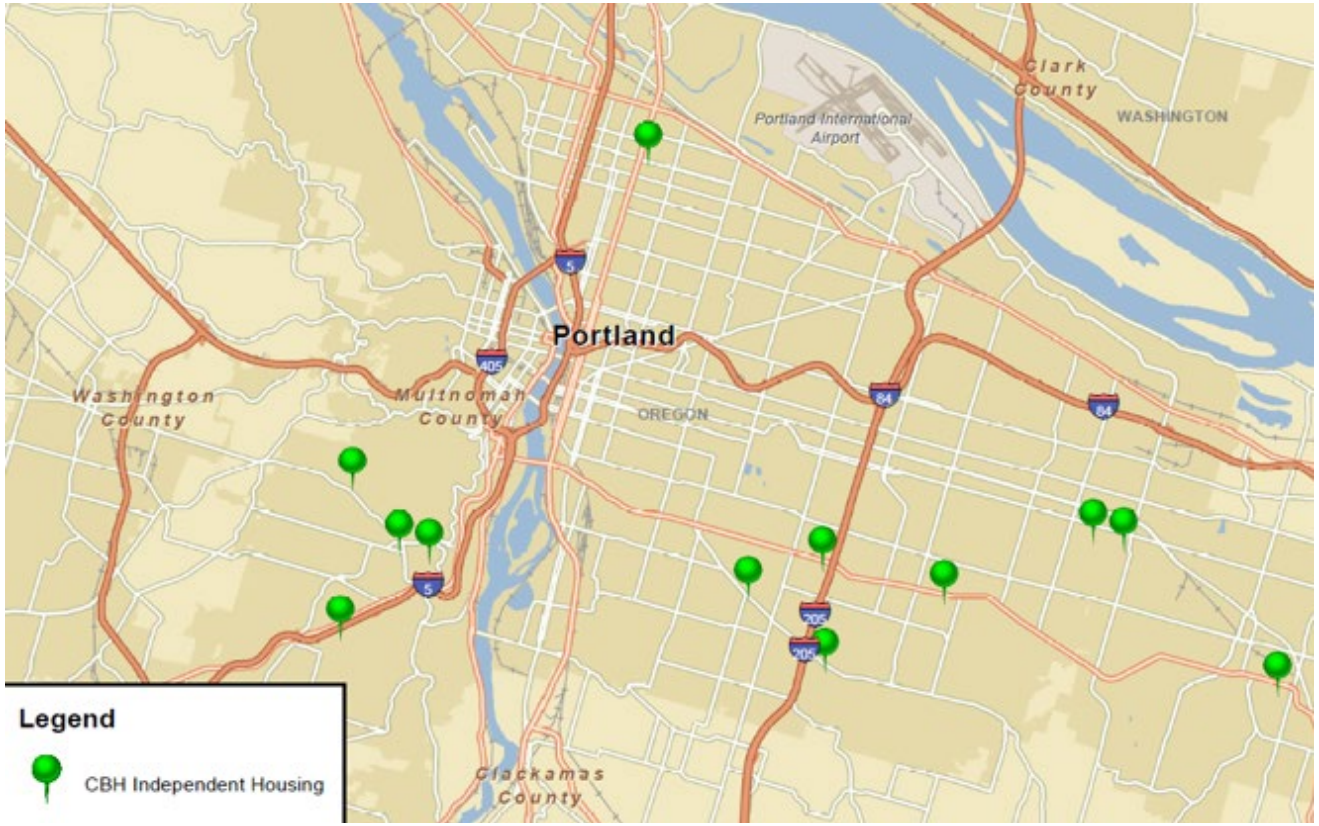
DISTAL SUPPORT- IN THEIR OWN WORDS

"I will socialize with people at those coffee houses. I will sit down, and I will have conversations with people. It's very important for me to be able to talk to people…All I got to do is walk. As long as I can walk, I can go somewhere and talk to somebody" -George

"I have an excellent group of car mechanics that I've been going to forever. They check the brakes, they rotate the tires, they ask me how my family is. They do a lot. I'm very fortunate to have them"
-Pauline

STUDY 1

- Context
  - A project in collaboration with Cascadia Health examining the housing, neighborhood, and community experiences of residents of 16 supportive housing sites in Portland, OR



PARTICIPANTS

- 172 residents of supportive housing affiliated with Cascadia Health in Portland, OR
  - 90% currently receiving mental health services
  - 56% male
  - 68% White, 24% Black, 8% other
  - 47% major affective disorder; 25% Schizophrenia-spectrum diagnosis
  - Average age = 50
  - 82% reported a history of homelessness

DISTAL SUPPORT MEASURE

- Distal Supports
  - Modified version of the Distal Support Measure (Wieland et al., 2007)
  - Participants were asked about interactions with community members at five community locations: grocery stores, pharmacies, restaurants/ cafes, other types of stores, and other public places
  - For a community location to be identified as a distal support, participants had to provide three or more positive answers to the following five questions
    1. Do people there recognize/ acknowledge you when you come in?
    2. Do you feel welcomed there?
    3. Do you know the names of people there?
    4. Do they know your name?
    5. Do they sometimes help you out in times of need? If so, please describe
  - Participants could have a maximum of 5 distal supports

DISTAL SUPPORT RESULTS

- Participants reported a mean number of 2.23 distal supports, SD = 1.53 (range of 0 to 5)
  - 25 participants (15%) reported no distal supports
  - 7 participants (4%) reported all 5 locations as being distal supports

- Specific distal support locations
  - 110 participants (64%) identified pharmacies as distal supports
  - 60 participants (35%) identified grocery stores as distal supports
  - 58 (34%) identified other public places as distal supports
    - Examples included Library, churches, gyms, parks, and a community college
  - 45 (26%) identified restaurants/ cafes as distal supports
  - 38 participants (22%) identified other stores (e.g., convenience stores, bookstores) as distal supports

- The most frequently visited distal support location was ‘grocery store’ (once per week)

RESULTS

- Examples of distal support provided
  - Tangible support included helping participants who were short on money pay for groceries, providing free baby clothes for a participant who was having a baby, and offering to give a participant a ride home when they saw them out walking after dark
  - Emotional support included listening to participants' personal issues, providing emotional support, and calling a participant after a surgical procedure
  - Informational support included directing participants to other health resources and calling to inform them about discounted items

- The majority of participants reported receiving tangible support from distal support locations rather than emotional or informational support

RESULTS, CONT.

- No significant differences in reported distal supports between men and women; between white participants and participants of color; between participants with and without schizophrenia-spectrum diagnoses; or by age
- Distal supports accounted for unique variance in sense of community after controlling for demographic covariates and traditional social support
- Distal supports accounted for unique variance in community participation after controlling for demographic covariates and traditional social support

IMPLICATIONS

- Summary of findings:
  - Support received from distal supports was primarily 'tangible' rather than 'emotional' or 'informational'
  - No relationships between participant characteristics and distal supports
  - Distal supports accounted for unique variance in sense of community and community participation even after controlling for demographic characteristics and traditional social support networks

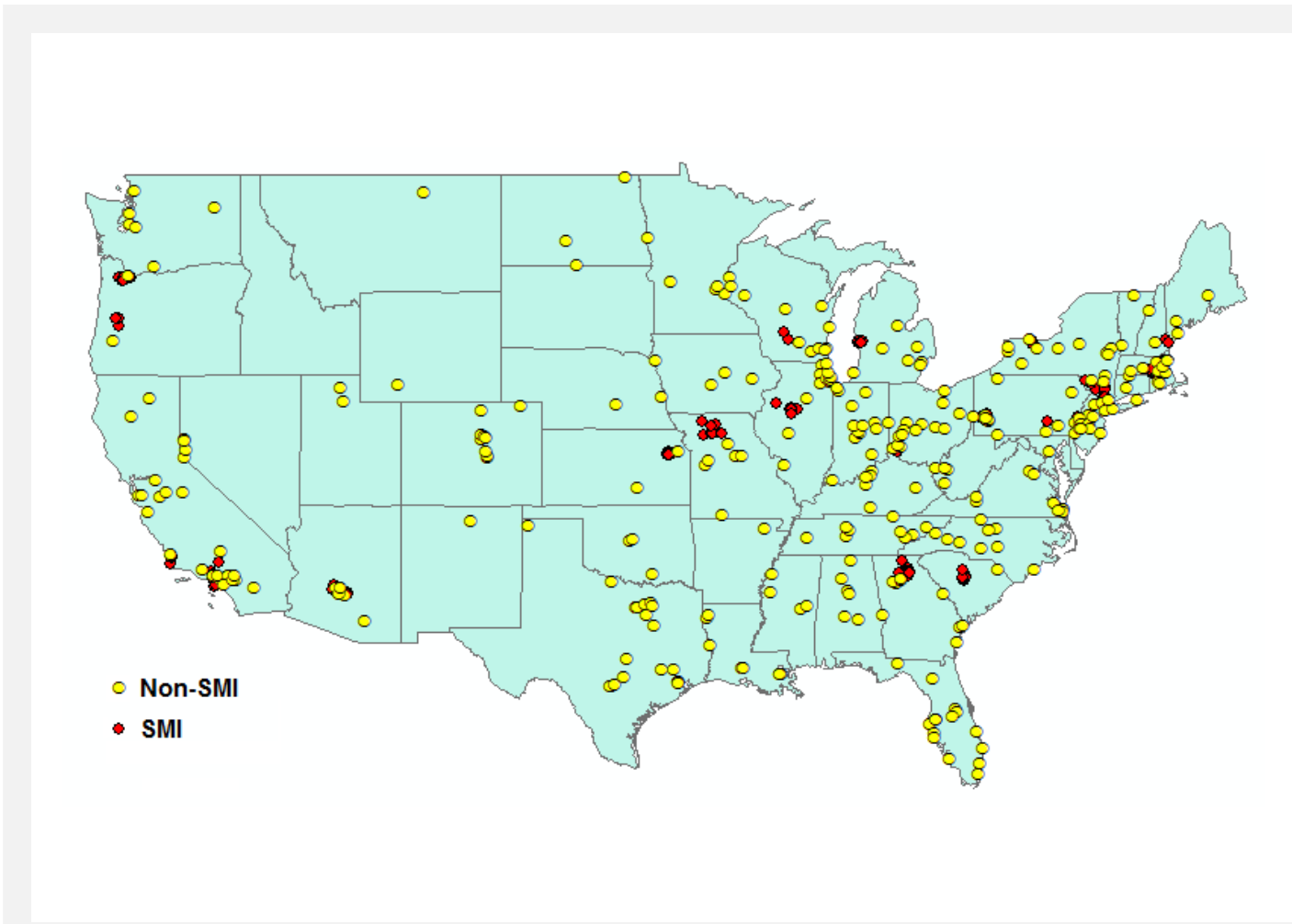
- Practical Implications
  - For mental health services
    - It is important for community mental health providers to assist individuals in developing natural supports in their local communities
  - For communities
    - Environments need to be conducive to fostering distal supports
    - The importance of addressing stigma and discrimination

THE ROLE OF COMMUNITY PARTICIPATION

- The World Health Organization has defined participation as a person's "involvement in life situations", while others have defined it as "the involvement of the person in activities that provide interactions with others in the community" (Lavasseur et al., 2015, p. 1718)
- It has been found to be associated with better psychosocial and health outcomes, including increased quality of life, reduced loneliness, higher levels of physical activity, and recovery from mental illness
- Outside of participation in domestic life, limited attention has been placed on measuring other aspects of community participation and the role it may play in combatting loneliness

STUDY 2

- Context
  - A project in collaboration with the Temple University Collaborative on Community inclusion examining contextual influences on community participation and differences between individuals with and without serious mental illnesses



PARTICIPANT DATA

- 300 adults with SMI recruited from 21 community mental health centers in 15 states
  - Average age- 46
  - 61% female and 39% male
  - 60% white, 35% Black, 4% Latinx, 1% Asian, 1% Native American, and 9% reported other races
  - 57% reported a diagnosed mood disorder, while 43% reported a schizophrenia-spectrum disorder
  - 64% had lifetime history of homelessness

- 300 adults in the general population recruited from the Truven Health Analytics PULSE survey
  - Average age- 51
  - 55% female and 45% male
  - 79% white, 10% Black, 3% Latinx, 1% Asian, 1% Native American, and 6% reported other races
  - 8% had lifetime history of homelessness

Levels of Loneliness

41% of participants with SMI were "severely lonely" versus 7.3% of participants without an SMI (almost six times higher)

(Nagata, Townley, et al., 2020; Nagata et al., in press)

ASSOCIATIONS WITH COMMUNITY PARTICIPATION

- Loneliness was significantly related to total amount of community participation days and number of different activity areas
- Those with at least one participation day in certain participation areas had lower loneliness than those with no participation in these areas
  - Going to restaurant/ coffee shop
  - Going to a place of worship
  - Going to a movie theater
  - Going to a park or recreation center
  - Going to a library
  - Going to watch a sports event
  - Taking a class for leisure/ life skills
  - Hosting or visiting family/ friends

(Brusilovskiy et al., 2023)

ASSOCIATIONS WITH HEALTH

- Participants who reported lower physical functioning, a higher total number of physical health conditions, and greater bodily pain reported higher levels of loneliness
- Participants with lower mental health functioning reported higher levels of loneliness
- A higher number of psychiatric hospitalizations in the last six months was associated with greater loneliness

(Fortuna et al., 2020)

ASSOCIATIONS WITH HOUSING

- Housing satisfaction was found to be a significant predictor of loneliness
  - Those who were unsatisfied with their housing had higher levels of loneliness
  - Housing tenure was also important, with loneliness being higher among people who had just moved to their residence and lower the longer they lived in the residence

(Nagata, Brusilovskiy, Townley, et al., 2023)

IMPLICATIONS, CONT.

- Findings emphasize the need to actively encourage community participation as a possible means of reducing loneliness
- Findings inform policies, programs, and clinical practices that remove barriers to participation and support active engagement in communities to help combat loneliness

RELATIONSHIPS TIED TO HOUSING-NEIGHBORS

- Supportive housing embeds residents in everyday social spaces and encourages organic connections with others such as neighbors.
- Neighbor support can place a crucial role in reducing isolation, enhancing social integration, and creating pathways toward recovery for individuals with serious mental illnesses and histories of homelessness (Corrigan & Phelan, 2004)
- The quality of neighbor relationships has been found to be associated with lower levels of loneliness and higher levels of sense of community among adults with serious mental health challenges regardless of the number of neighbors they reported feeling close to (Kriegel, Townley, Brusilovskiy, & Salzer, 2020)

RELATIONSHIPS TIED TO HOUSING-STAFF AND PEER PROVIDERS

- Supportive housing staff support has been found to be associated with lower levels of loneliness among supportive housing residents (Dickard & Townley, under review)
- Formerly homeless individuals in supportive housing have discussed the importance of staff in creating community within housing sites and connecting residents to community resources (Forenza & Landier, 2017)
- Peer-facilitated approaches to building community within housing sites and connecting people to community resources are being piloted (for example, Building Community with Peer Providers (BCPP) in Portland, OR
  - "Need to someone to talk about trivial or serious stuff, no need to make an appointment with a counselor… just head right downstairs, asks for advice…It's one of the best things that has happened around"

Mental health, drug and alcohol, loneliness and homelessness.

Dr Marlee Bower,

Senior Research Fellow

The Matilda Centre for Research in Mental Health and Substance Use

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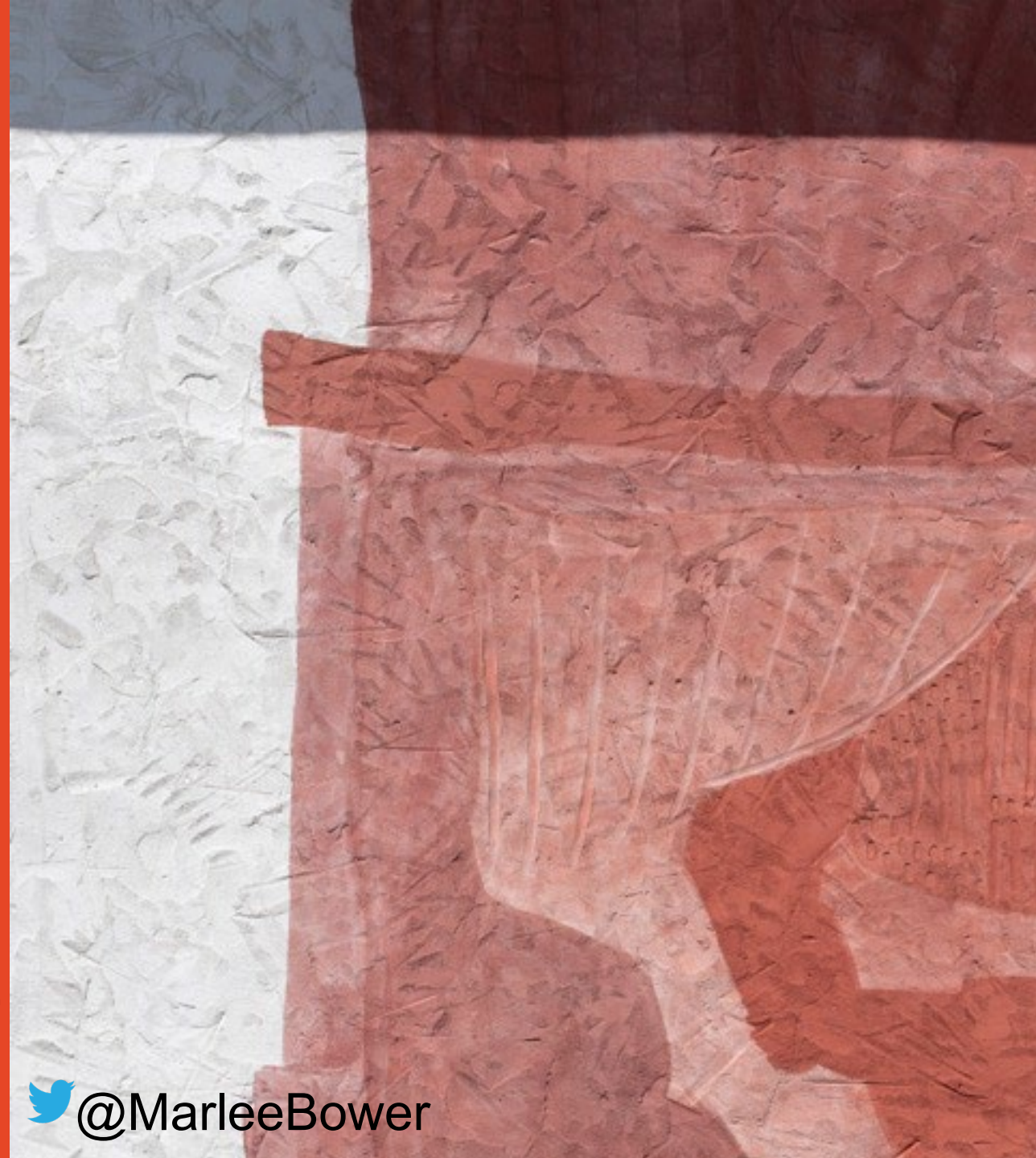

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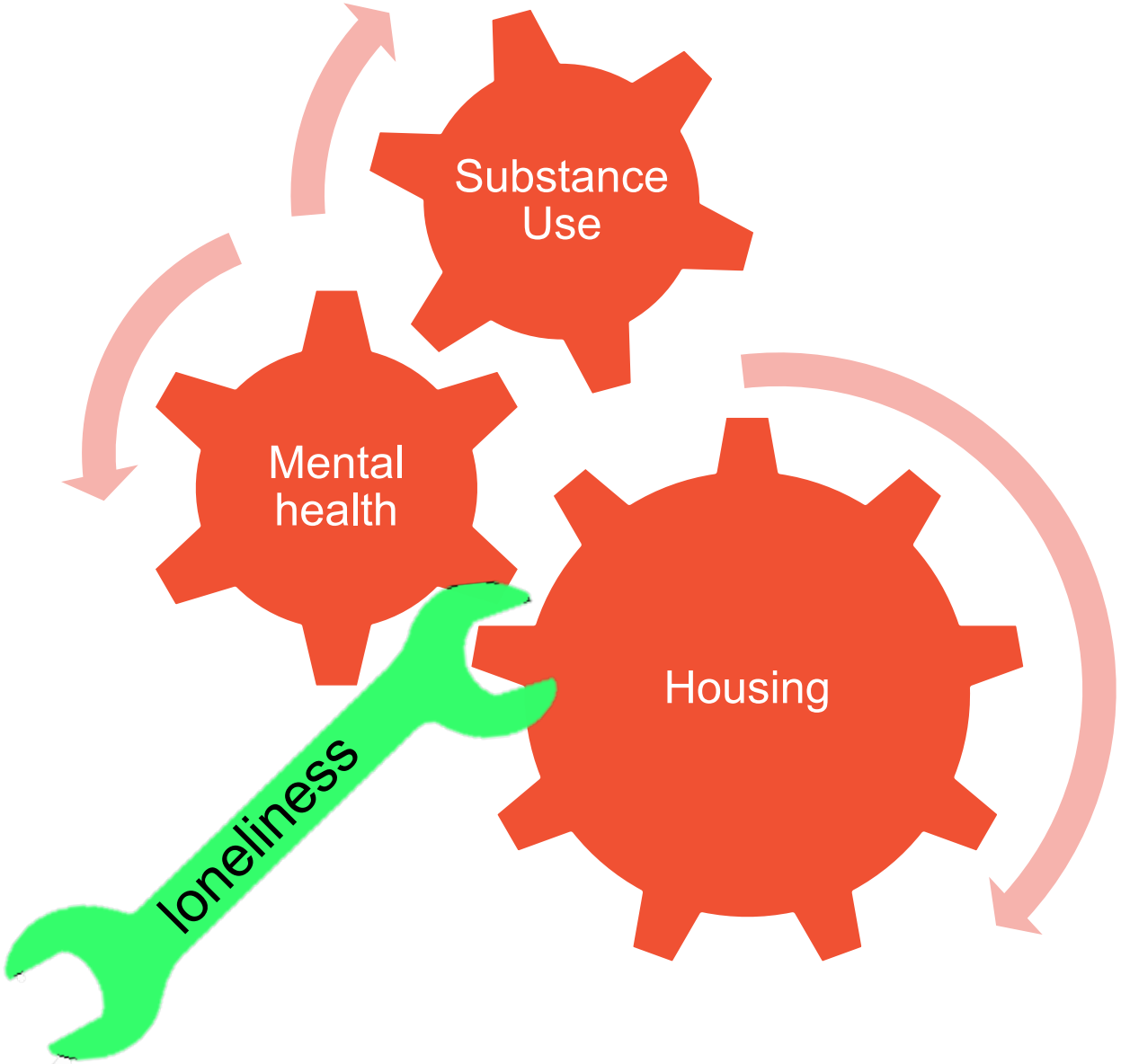
Substance Use
Mental health
Housing
loneliness

So why study loneliness amongst the homeless?

Major public health concern

The homeless are particularly susceptible to loneliness - mental health, relationship breakdown, trauma histories, multiple forms of discrimination

Can affect tenancy success & mental health

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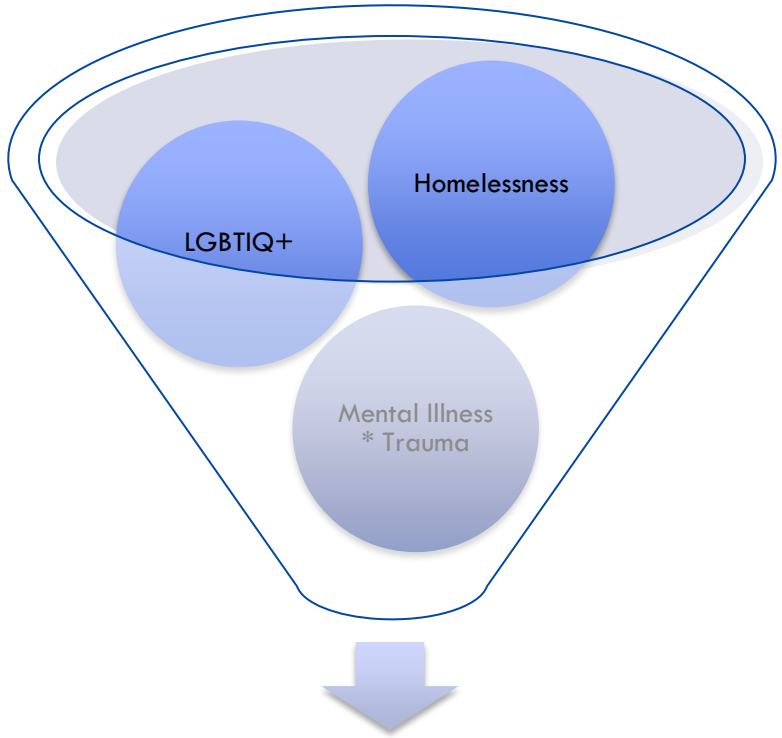
How do people with a lived experience of homelessness understand and experience loneliness?

1. Social Identity Approach

2. Intersectionality



Experience and identity

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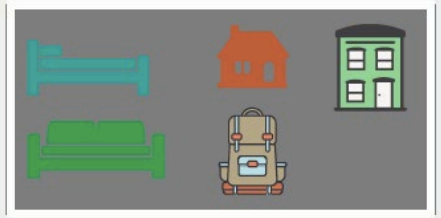
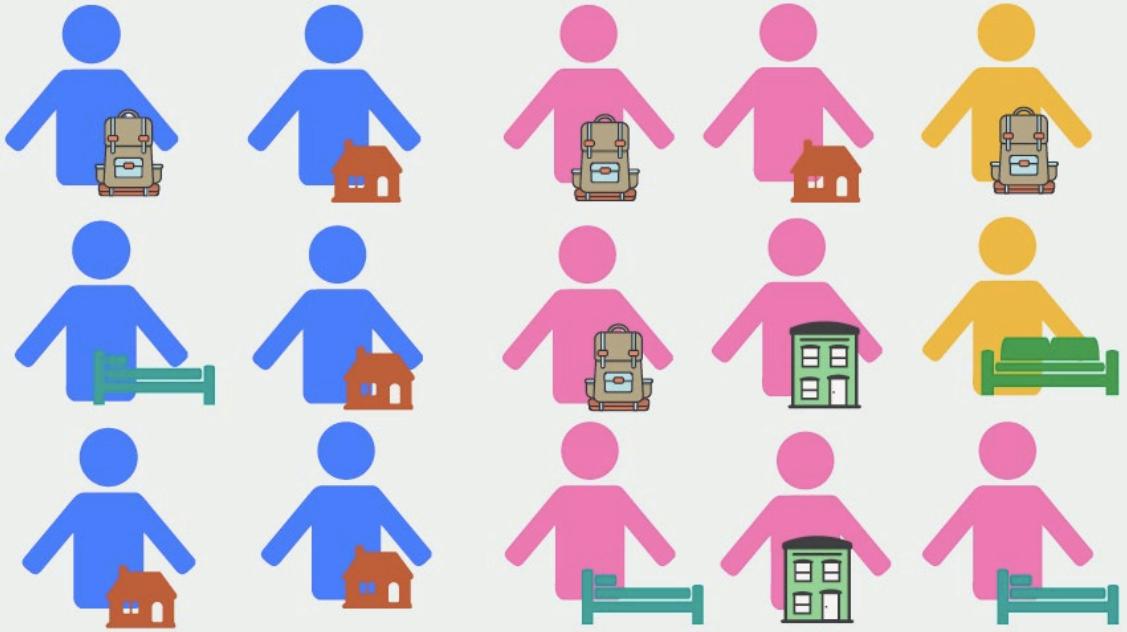
16 participants

aged 21 - 70





My sample was diverse...

n=2
incarceration

n=3
professional/
upper middle
-class backgrounds

n=2
Aboriginal
and transgender

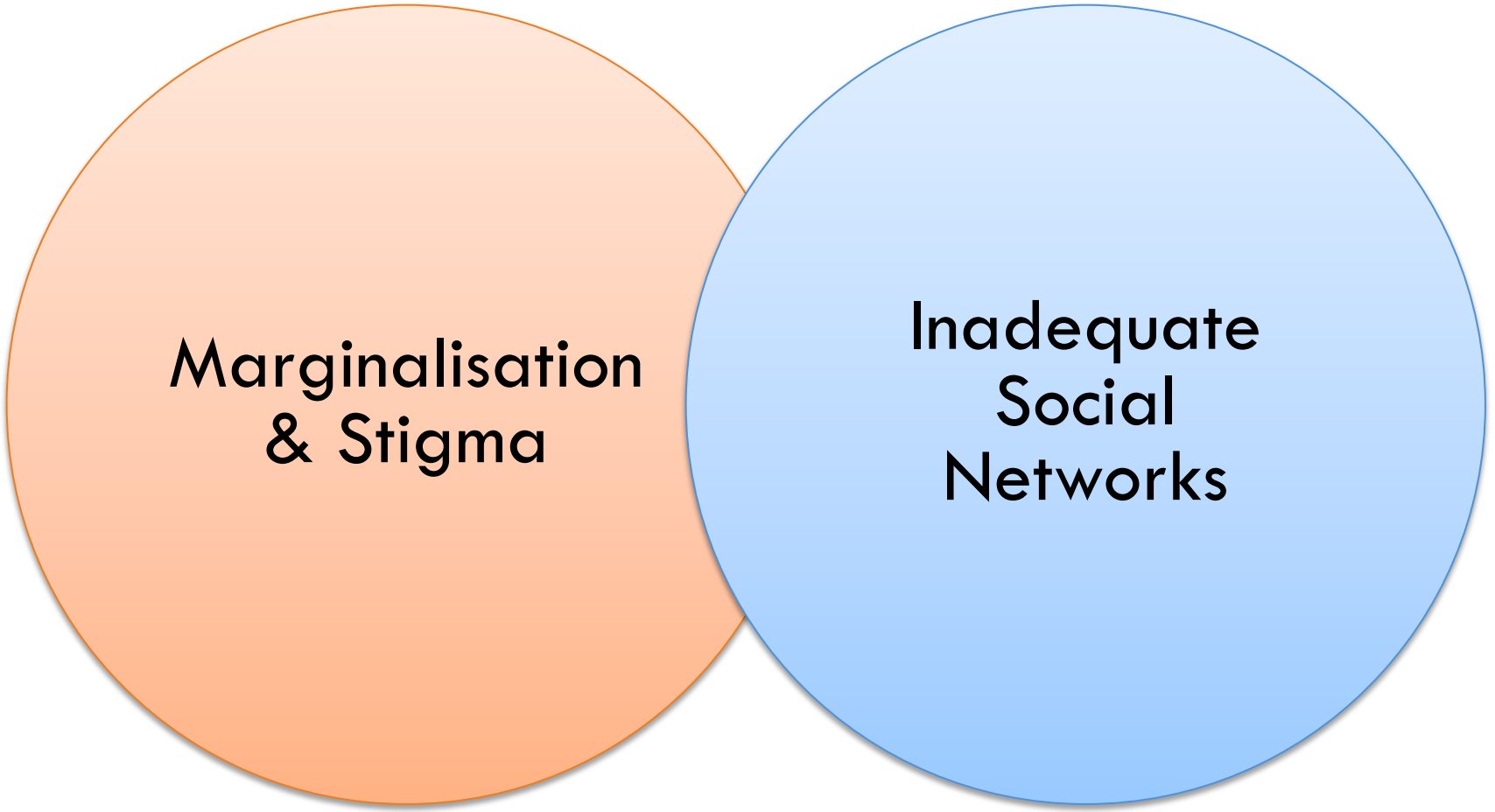
n=1 had an intellectual disability

Most had self-reported mental disorder(s)

n=2 were under 30
n=3 were over 55

n=1
currently employed

How was loneliness experienced?



Rejection and disconnection from family...

Like feelin' that no-one wants
you in the world anymore..
your parents don't want you
and you just feel alone.
Mylie, 21

They just said, "don't call us,
we won't call you – my *own*
sister, you know!
Pieter, 60

...and society
(visibility)

You're forced to live out in the open on display in front of everyone. But at the same time you're invisible because no one's willing to acknowledge you as a person… So you've got this, where you're so visible, it hurts! But where you're so invisible it hurts all at the same time.
Sarah, 53

Hyper(in)visibility

- Occurs when a person is sometimes paid exceptional attention [and judgement] and is sometimes exceptionally overlooked, and it can happen simultaneously - Gailey (2014, p7)

- One's situation becomes 'hyper' when their (in)visibility becomes socially oppressive, constraining their ability to participate in a socially meaningful way.

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Desiring a positive visibility → loneliness

"There needs to be more faces to homelessness… to stop the stigmatism [and] take away the shame. Like gay rights, you know, everyone was whinging about Dykes on Bikes and stuff like that, until there's representation of white middle class people [involved]."

Susan, 53

Loneliness wouldn't exist with "[a] connection on a compassionate level, with someone who looks at you and *sees* you and makes you visible in a way that doesn't feel ugly."

Sarah, 53

Internalising stigma into shame: self-isolation

I don't impose myself on the non-homeless, as the presence of a homeless person made "people uncomfortable"; "part of loving people is accepting that they're not comfortable with you and they don't want you."

Sarah, 53

I just had no conversation to have with them. They would have asked me where I was living and I would have said 'I'm homeless' and they may have shot away from that. They may have wondered *why* [I] was homeless

Trevor, 60

Devaluing themselves & existing relationships

My social life "could be better if I was employed. I think what this conversation … you're still the same person but you've lost that feeling that you're worth something."

Sahara, 45

you're typecast, it's natural. These people do not do themselves any favours, they leave a path of death and destruction - litter, drugs, alcohol, stealing; peeing, crapping all over the show. They don't do themselves any favours. No wonder people don't want them around.

Pieter, 60

Managing a 'Valuable' Personal Identity

… you have to be around people and survive with them and live with them day in, day out, that you wouldn't even *look* at, …they think I'm a snob

Susan, 53

At least these people [at the service] - they're real people…What they say is what they say. They're not shit-talkers.

Craig

I'm at bottom of the [homeless] pecking order… I have a learning disability, I'm a gentle person, I'm weak physically and emotionally and mentally and I have no support.

Sarah

Forming other types of relationships

I have friends at the [lawn] bowling club, it's a bit like a small country town – because everybody knows everybody [and] knows what everybody does.
Sahara, 44

"It really feels like they [service workers] care, actually. When you're there you feel like a proper person, and you feel like, you just get a little bit more better about yourself."
Athena, 42

If I am at all strong enough to get there, even this time of year when there aren't any roses … I go and visit them because that's my little sacred spot where I go to God when there's times in the mass when people make me leave and I can't stay.
Sarah

These issues persisted into housing

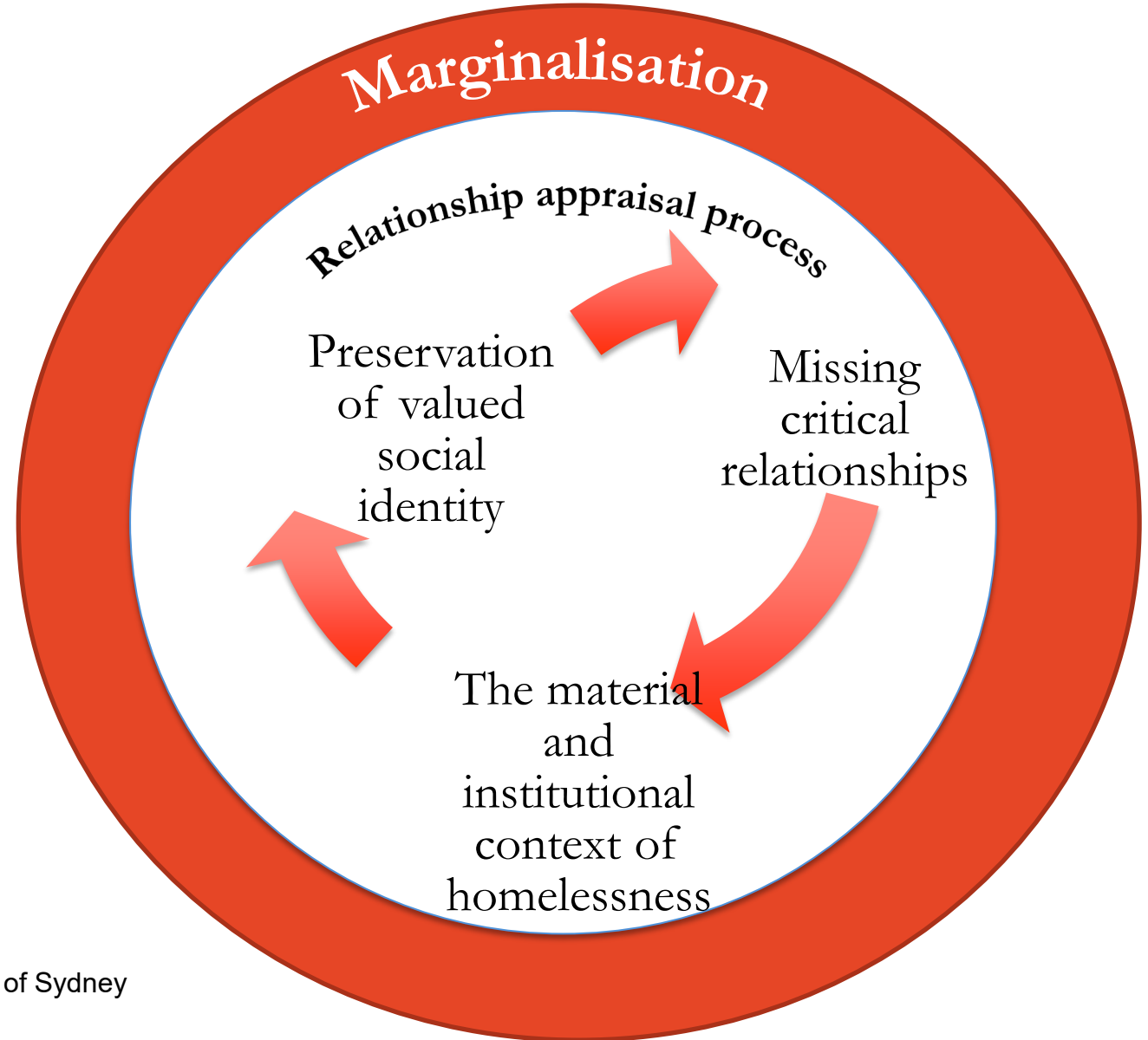
because you don't have a fancy suit, or you don't have a lot of money, they'll be snobs to ya…. even if you've have to sit down for a couple of minutes they'll tell you to piss off or something.
Walker, 32

Most retained homeless friendships

"I've got good friends now…", I feel "respect" in the homeless community, "no one judges ya… no one tells ya you're a loser!"
Walker 30

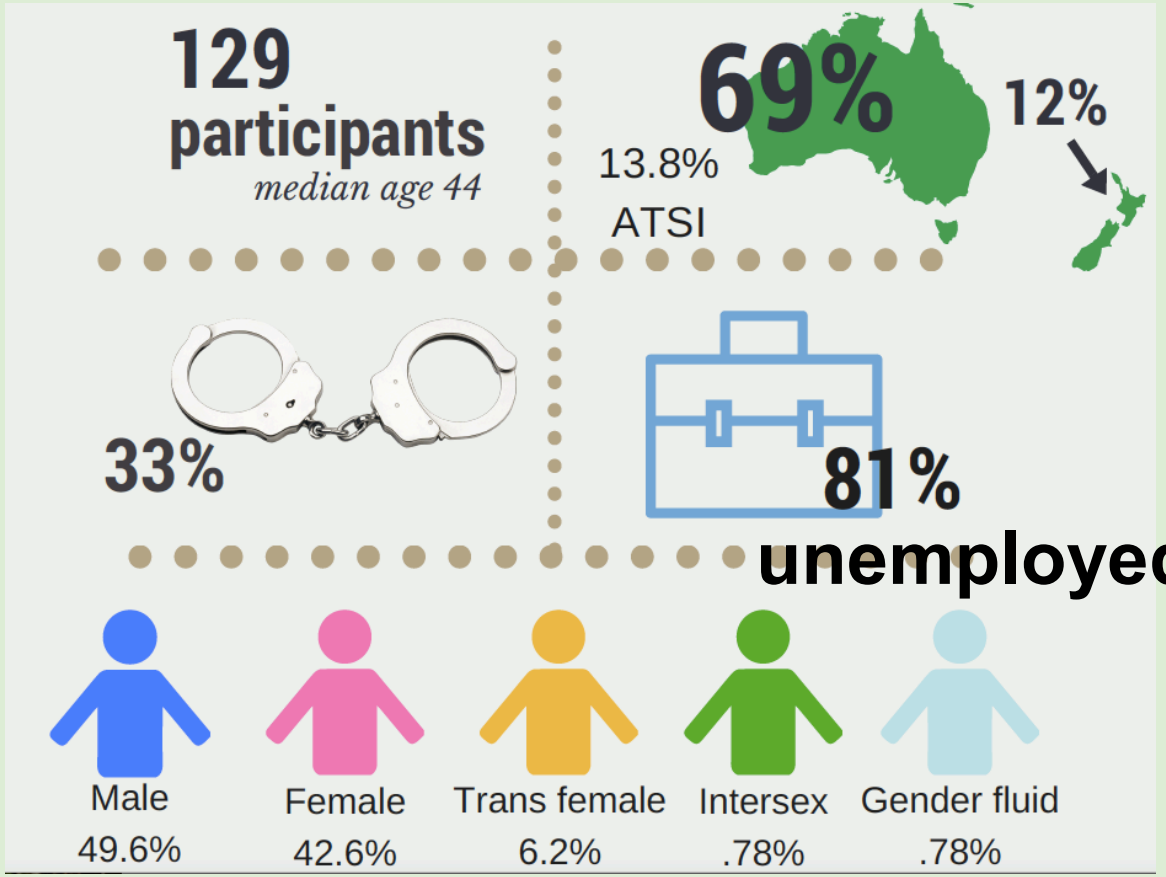
I don't wanna interact, you know, I think it might rub off… I just choose not to sort of associate with these guys... I just know I'm not where I should be, you know. *Pieter, 60*

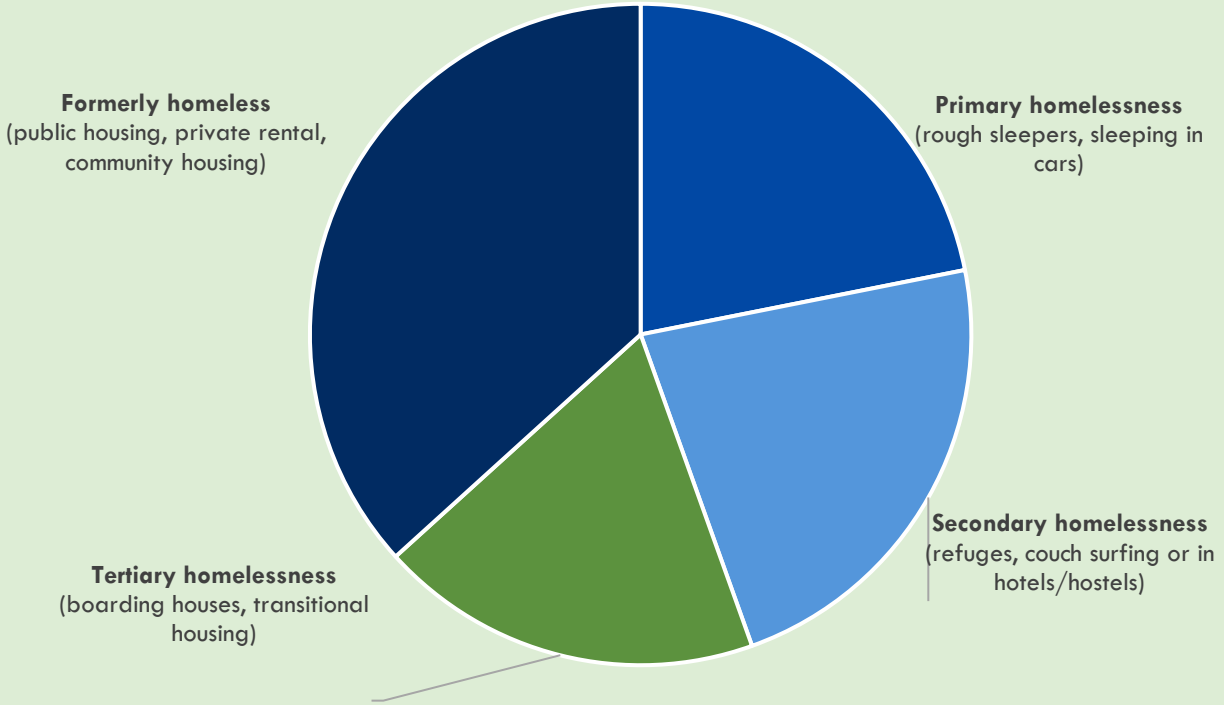
Negotiation between several factors



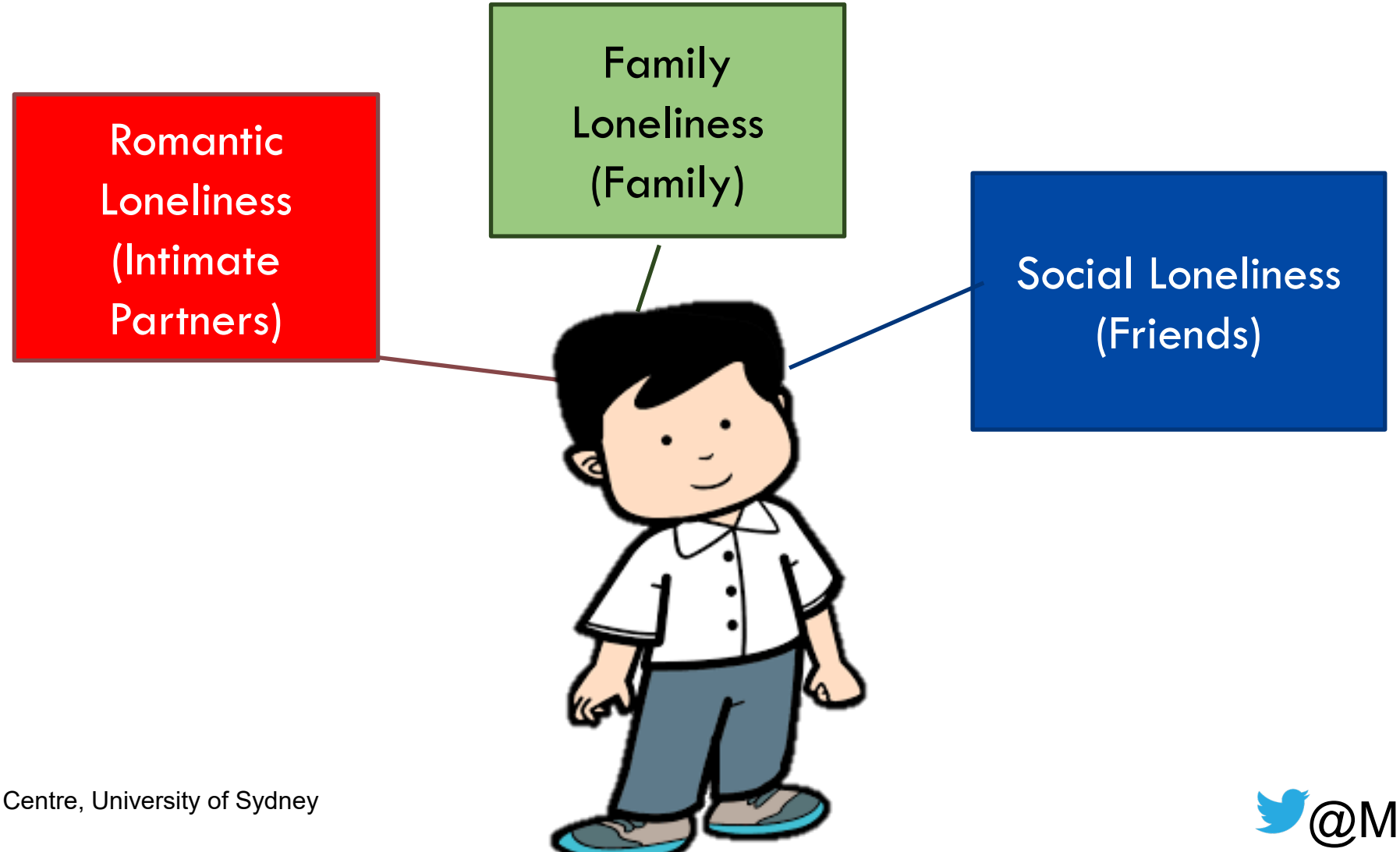
Who is likely to be lonely and why?

Sample profile





Measuring Loneliness:
Social and Emotional Loneliness Scale (Short; SELSA-S)



Characteristics associated with loneliness

Reduced social loneliness

Increased social loneliness

Men more socially lonely than women
Women & non-cisgender more romantically lonely than men

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More social support = more loneliness?

Higher access to affectionate support = increased romantic loneliness

Higher access to positive social interaction support = increased social loneliness

Higher access to emotional/informational support = increased family loneliness

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Deeming a social network as more important = more loneliness ??

Increased romantic loneliness

Increased social loneliness

Increased family loneliness

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More satisfactory relationships = more lonely?

Increased family loneliness

Increased romantic loneliness

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Satisfaction with current friends and old friends

unrelated to social loneliness

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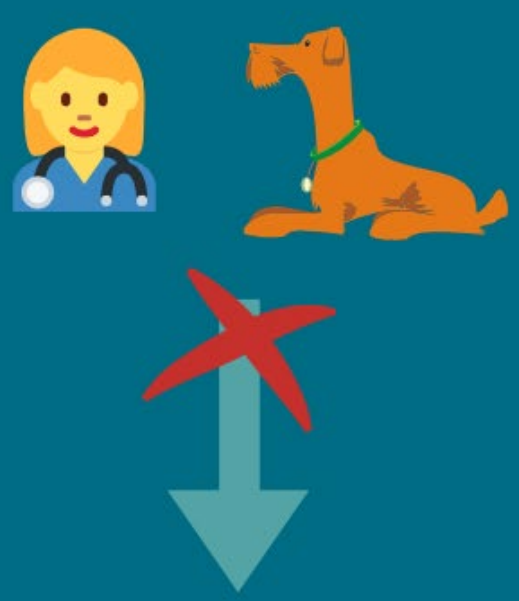
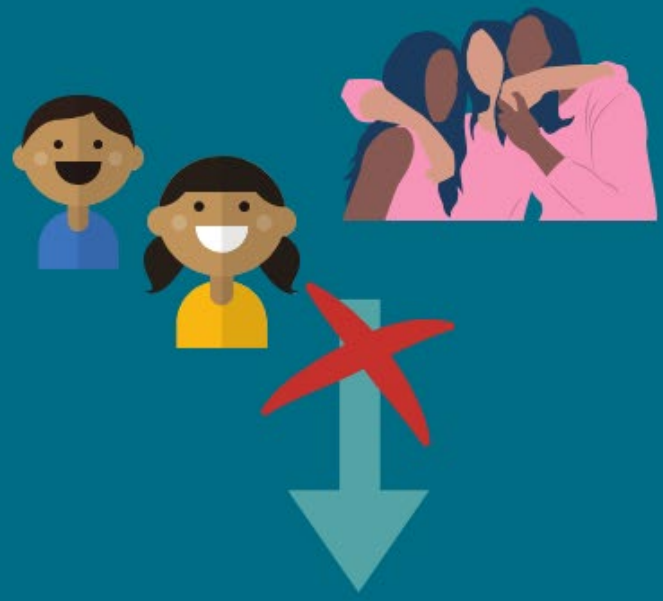
Only specific relationships ameliorated loneliness.



Social loneliness



Family loneliness

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Did this differ between people who were currently and formerly homeless?

NO DIFFERENCE: Social loneliness and romantic loneliness

HIGHER: Family loneliness

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Conclusions

Relationships formed during homelessness are beneficial for survival but can maintain and marginalise people long term.

A person's loneliness can only be addressed through meaningful relationships with a person/group they value. Substitute relationships will not compensate.

Rather than just tenancy support or case management, **social identity** may be an important framework for understanding community integration and recovery after homelessness. We need to ask people how they want to live, how they understand themselves within the network of social relationships, identities and experiences that matter to them. This may seem pretty intuitive and common sense, but it's a large departure for what actually happens on the ground in public housing and some community housing today.

Please contact me if you want any more information or results!

Marlee.Bower@sydney.edu.au

@MarleeBower

Citizenship and Mental Health

Michael Rowe, Ph.D.
Emeritus Professor of Psychiatry
Yale University, Department of Psychiatry

SAMHSA WEBINAR etc., date

CITIZENSHIP

- A person's, or people's, strong connection to the 5 Rs of *rights*, *responsibilities*, *roles*, *resources*, and *relationships* that society offers its members.
- Access to the 5 Rs supports a sense of belonging that is validated by others.

The 5 Rs of Citizenship

RIGHTS: Legal, political, social, human rights; “the right to have rights” (Arendt, 1973; Somers, 2008); legal/recognized status as a citizen

RESPONSIBILITIES: Paying taxes, obeying laws, serving in the military in times of conscription, but also: responsibilities toward others, toward oneself, and the right to have responsibilities

(Valued) ROLES: Parent, student, worker, friend, neighbor, community member, mentor

RESOURCES: Income, savings, skills, education, relationships (the Rs can overlap with each other at times)

RELATIONSHIPS: Friend, partner, parent, child, fellow employee, supervisor, client, neighbor, community member

BELONGING: The 5 Rs support a sense of belonging that is validated by others, and a sense of belonging is related to recognition for one’s full personhood and equality

The Citizens Project

- Developed by researchers, peers, clinicians, advocates
- Six-month community intervention
- 4 components: Classes based on the 5 Rs, individual and peer support, ‘What’s Up?’, and group or individual valued role projects
- Graduation at City Hall

Measuring Citizenship

- Going to the source (Yale PRCH measure development)
- Clinician focus groups based on the measure
- International measurement (Québec/Canada, Scotland/ United Kingdom, Norway, Hong Kong/China)

Citizenship-based care

- Citizenship tool (Bellamy et al., 2017)
- Acts of citizenship (Hamer et al., 2019)
- Citizenship as health (Eiroa-Orosa, 2023)
- Recovering Citizenship Learning Collaborative (Flanagan et al., 2023)

Collective Citizenship

- FACE (Focus, Act, Connect, Every-day)
  - Community support and advocacy group (links with Witnesses to Hunger, International Day of Peace, advocacy for people who are homeless)
  - Unanimous agreement required for all significant actions
  - Community organizing, support, and advocacy projects
  - Helps individual members (e.g., losing housing) but mainly focused outside of the group (Quinn et al., 2020)

Other Citizenship Work

- Financial health: at individual, organizational, and policy level—state and federal
- The arts:
  - Musical Intervention
  - Literature and visual arts: *The Perch*
  - Theater: Survivors of Society Rising
- Project Connect: Helping people connect with others through their passions, interests (chess, bicycling) versus generic free activities
- Imani Breakthrough: substance misuse recovery facilitated by peers, faith leaders, and mental health/substance use professionals meeting at churches and employing the 5 Rs and SAMHSA's (Peggy Swarbrick's) 8 dimensions of wellness
- Voter registration
- Representation of the Governed (training clients to be board members of agencies that serve them)

Key Mechanisms, Supports, Themes

Mechanisms:

- A home base: for citizenship, the Citizens Community Collaborative of the Yale Program for Recovery & Community Health
- DMHAS Recovering Citizenship Learning Collaborative (RCLC)
- International Recovery & Citizenship Collective (IRCC)

Themes:

- The central role of peers
- Advocacy and self advocacy
- Within, at the boundary, and beyond systems of care
- Citizenship is a social movement as well as a public mental health approach

Final thought: Citizenship is a question as well as an answer: *Who gets to have it, who does not, why or why not, and how?*

Thank you!

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