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The relationship between hope, housing type, and housing characteristics among individuals with dual diagnoses

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Abstract

Objectives—The current study examined whether individuals with dual diagnoses in different types of housing experience different levels of hope and whether hope is related to certain housing characteristics.

Methods—A total of 87 participants (65 in residential programs and 22 in independent apartments) responded to questionnaires about hope and current housing arrangements.

Results—Hope did not vary by housing type or housing characteristics.

Conclusions—Clients in group housing may have as much hope as clients in apartments. Replication and future study is needed to better understand the relationship between housing and hope.

Keywords

Recovery; Serious Mental Illness; Schizophrenia; Homelessness; Dual Diagnosis

INTRODUCTION

Hope is defined as having a sense of agency over one's desired goals and positive feelings about one's ability to reach those goals (Snyder et al., 1996). Studies have shown that many individuals with severe mental illness do recover (Noordsy, Torrey, Mueser, Mead, O'Keefe, & Fox, 2002) and that hope is a key factor in that recovery (Kylma, Juvakka, Nikkonen, Korhonen, & Isohanni, 2006; Salyers & Macy, 2005). Unfortunately, many individuals with severe mental illness often report feelings of stigmatization and hopelessness (Bassman, 2000; Perese, 2007; Rooke & Birchwood, 1998). This is especially important among individuals with dual diagnoses, i.e., a severe mental illness and comorbid substance use disorder, who are a vulnerable subgroup susceptible to a host of negative outcomes, including homelessness (Drake, Osher, & Wallach, 1991; Rosenberg et al., 2001).

There has been a recovery movement in psychiatric rehabilitation to empower clients and foster hope (Anthony, 1993). Efforts have been made to measure this at the organizational level (O'Connell, Tondora, Croog, Evans, & Davidson, 2005; Salyers, Tsai, & Stultz, 2007) and at the staff level (Grusky, Tierney, & Spanish, 1989). But ultimately, recovery and hope is experienced by clients and should be measured through their subjective report.

Some studies have found that recovery attitudes and levels of hope can differ by treatment setting. For example, staff in state hospitals were found to have lower optimism about their clients than community staff and state institutions were found to be less recovery oriented than

community centers (Tsai & Salyers, in press). However, there has been little research examining hope in different housing settings and by client report. The current study sought to examine whether clients in different types of housing experience different levels of hope and whether hope is related to certain housing characteristics (i.e., privacy, safety, normality, and access to transportation).

Some researchers have argued that independent housing allows clients freedom and autonomy (Siegel, Samuels, Tang, Berg, Jones, & Hopper, 2006; Tanzman, 1993). It has been found that clients in independent housing may experience fewer restrictions and higher feelings of self-efficacy (Seilheimer & Doyal, 1996). Clients in group homes may find it stigmatizing and undesirable (Tsemberis, 1999; Warren & Bell, 2000), especially with complaints about privacy (McCarthy & Nelson, 1993). Furthermore, it has been stated that underlying the purpose of independent housing is empowerment and community integration while underlying the purpose of residential programs is rehabilitation (Parkinson, Nelson, & Horgan, 1999). Thus, it was hypothesized that clients in independent housing would report higher levels of hope than clients in residential programs.

METHODS

This study was part of a larger study examining housing preferences. All participants in this study were clients served by a large psychosocial rehabilitation agency in Chicago. Participants were recruited from two residential programs and various independent housing throughout the city. The residential programs can be described as “damp” housing, with some structures and rules, and residents had their own rooms (Davis, et al., 2006; Mayes & Handley, 2005). The independent housing were scattered site apartments (no single room occupancies) where residents lived alone.

Inclusion criteria for participants were a history of homelessness and a dual diagnosis, defined as having a severe mental illness (schizophrenia-spectrum disorder, bipolar disorder, major depressive disorder) and a substance use disorder (any substance dependency or substance abuse diagnosis). The majority of participants were male, unemployed, African American, in their 40's with schizophrenia. Participants were asked to complete questionnaires about their current living situation and level of hope. They were offered \$5 compensation for their participation. All study procedures were approved by institutional review boards.

Sampling

All 89 clients living in the two residential programs and a random sample of 160 clients living in independent housing arrangements (50% response rate anticipated) were asked to participate. Clients in residential programs had questionnaires distributed to them by staff. Clients in independent housing had questionnaires mailed to them and reminder letters were sent one month later. A total of 65 residential program clients (73.0% response) and 38 independent housing clients (23.8% response) completed the questionnaires. The current study only focused on the 65 residential program clients and the 22 clients living independently in apartments (not living in single room occupancies or with family) for a grand total of 87 participants.

Measures

Background Characteristics—All clients were asked to provide background information on age, gender, race, income, rent, employment status, housing tenure, number of prior hospitalizations, and lifetime arrests. Clients' diagnoses and the most recent stage of treatment rating for their substance abuse were obtained through existing medical records. The participating psychosocial agency required clinicians to conduct bi-annual assessments of

clients using the Substance Abuse Treatment Scale (SATS; McHugo et al., 1995). The SATS was rated on a 8-point scale from 1 (engagement) to 8 (relapse prevention). This instrument is widely used and has shown high reliability (Drake, Xie, McHugo, & Shumway, 2004).

Hope—The Adult State Hope Scale is a 6-item instrument that respondents rate from 1 (Definitely False) to 4 (Definitely True) statements like “Right now I see myself as being pretty successful.” This scale has demonstrated internal consistency, convergent and discriminant validity (Synder et al., 1996), and is appropriate for adults with severe mental illness (McGrew, Johannesen, Griss, Born, & Vogler, 2004). The current study found good internal consistency with an alpha of .82 ($n = 98$).

Current Physical Housing Quality—The Housing Environment Survey-Physical Quality Scale (HES-PQ; Wright & Kloos, 2007) contains 14 items which ask clients to rate how much they agree with certain statements about the physical quality of their housing, such as its cleanliness, its plumbing, and electrical system on a 5-point scale Likert-scale from 1 (Strongly Disagree) to 5 (Strongly Agree). This scale has shown adequate internal consistency and test-retest reliability (Wright & Kloos, 2007). The current study also found adequate internal consistency with an alpha of .78 ($n = 84$).

Current Housing Characteristics—Aspects of clients’ current housing were assessed with a 5-item measure asking about privacy, normality, safety, easy access to transportation, and affordability. Clients were asked to rate these items on a 5-point Likert scale from -2 (Strongly Disagree) to 2 (Strongly Agree) how much they agree they have these aspects in their current housing. The current study found good internal consistency with an alpha of .84 ($n = 93$ participants).

Data Analysis

Background differences were tested using t-tests and Chi-square. Levene’s test for equality of variances was used to test for homogeneity of variance and adjustments to t-tests were made accordingly. T-tests were also used to compare clients in different housing types on hope and housing characteristics. Finally, Spearman’s correlations were used to examine the relationship between background differences and hope, and between housing characteristics and hope.

RESULTS

As shown in Table 1, there were no significant background differences between clients in residential programs and apartment housing, except for income and rent. But the amount of income clients in residential programs and apartments had minus their rent was similar, which was \$458.40 and \$469.50, respectively. There was also no detectable impact on the study results (e.g., no significant correlations between rent, income, and hope).

Table 2 shows no significant differences between clients in residential programs and apartment housing on hope and housing characteristics. The findings remained the same when rent and income differences were controlled for. But correlational analyses between hope and background variables found that hope was significantly correlated with age ($r = -.22, p < .05$) and lifetime hospitalizations ($r = -.23, p < .05$).

As shown in Table 3, there were no significant correlations between hope and any of the housing characteristics. However, nearly all ratings of housing characteristics and housing physical quality were related to each other among clients in both apartments and residential programs.

DISCUSSION

This study compared the level of hope of clients with dual diagnoses living in residential programs and apartments. The results did not support the hypothesis that clients in apartments would report higher hope than clients in residential programs. This is in contrast to the implications of previous findings that group homes may be stigmatizing and undesirable (McCarthy & Nelson, 1993; Tsemberis, 1999; Warren & Bell, 2000). Perhaps, group housing settings can promote recovery and induce hope as much as apartments, especially when group housing is well-staffed and structured like the programs in this study. The residential programs in this study were “damp” housing^a specifically for dual diagnosis clients so these results may not generalize to “dry” or “wet” housing or with clients without substance use disorders.

There was no relationship found between housing characteristics and hope. How private, normal, safe, affordable, accessible to transportation, and good physical quality clients rated their housing did not seem to be related to their level of hope. Thus, client hope did not vary by housing type or housing characteristics. This suggests that the housing characteristics examined in this study do not influence hope. It was found though that clients who were older and with more lifetime hospitalizations reported lower levels of hope. This study may not have captured the influential housing factors or hope may be a subjective experience not easily affected by housing environments. Nonetheless, this study documents the possibility that clients in group homes may be just as hopeful as client living independently in apartments. However, there were several limitations of this study, including its small sample size, one-item measures, and generalizability issues. Most of the participants in the study were African American males in their 40’s with a history of homelessness, and the findings may not be applicable to clients with different backgrounds. Replication of these findings is needed, using other housing settings (e.g., single room occupancies, halfway houses), and other housing characteristics (e.g., space, aesthetics, neighbors). Different kinds of hope, such as hope for the future and hope to persist (Lysaker, Salyers, Tsai, Spurrier, & Davis, 2008) should be examined. Future study should explore housing program characteristics, such as rules and quality of staff, and their influence on client hope.

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^a“Damp” housing is defined as housing where some limits on substance use is imposed, whereas “wet” housing is more lax on such rules and “dry” housing strictly enforces no tolerance for substance use among residents.

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Table 1

Demographic and Background Differences

	Residential Program (N= 65) ^b	Own Apartment (N= 22)	Test of Difference (degrees of freedom)
Age (sd)	45.4 (9.7)	48.6 (9.7)	t(33)= 1.33
Gender – Male	49 (75.4%)	18 (81.8%)	X ² (1)= 0.38
Race			
Black	34 (56.7%)	14 (66.7%)	X ² (2)= 1.06
White	19 (31.7%)	6 (28.5%)	
Other	7 (11.7%)	1 (4.8%)	
Primary Diagnosis			
Schizophrenia-spectrum	29 (45.3%)	14 (77.8%)	X ² (1)= 1.06 ^c
Bipolar	16 (25.0%)	4 (22.2%)	
Other	19 (29.7%)	0 (0.0%)	
Secondary Diagnosis			
Alcohol Abuse/Dependence	18 (35.3%)	9 (50.0%)	X ² (1)= 1.21
Drug Abuse/Dependence	33 (64.7%)	9 (50.0%)	
SATS score	5.8 (2.1)	5.2 (2.5)	t(79)= -1.42
Employment Status			
Not working/Volunteer	51 (78.5%)	14 (70.0%)	X ² (1)= 0.61
Part-time/Full-time	14 (21.5%)	6 (30.0%)	
Monthly Income (\$)	661.6 (287.0)	856.8 (387.3)	t(73)= 2.34 [*]
Monthly Rent (\$)	203.2 (99.2)	392.8 (178.7)	t(23.2)= 4.51 ^{**}
Lifetime hospitalizations	10.4 (12.0)	9.8 (8.4)	t(82)= -.22
Lifetime arrests	5.2 (7.2)	3.1 (2.8)	t(78.17)= -1.89
Residential tenure (months)	39.2 (31.8)	37.0 (55.4)	t(82)= -.23

^{*} p<.05,

^{**} p<.001

^b Individual N's for each category ranged from 55 to 65 for Residential Program and 18 to 22 for Own Apartment

^c Chi-square test excluded the Other category because of cell less than 1.

Table 2

Differences between Housing Type on Choice, Social Support, Satisfaction, and Housing Characteristics

	Residential Program (n= 65) ^a	Own Apartment (n= 22)	Test of Difference (degrees of freedom)
Hope scale mean (sd) ^b	3.0 (0.6)	3.0 (0.6)	t(84)= .05
Physical Housing Quality ^c	3.8 (0.6)	3.9 (0.7)	t(85)= .51
Privacy rating mean (sd) ^d	3.8 (1.2)	3.8 (1.4)	t(81)= .14
Normality rating mean (sd)	3.8 (1.2)	3.3 (1.2)	t(81)= 1.41
Safety rating mean (sd)	3.9 (1.3)	3.9 (1.2)	t(81)= -.01
Access to transportation rating mean (sd)	4.5 (0.8)	4.3 (1.2)	t(84)= .80
Affordability rating mean (sd)	4.4 (1.0)	4.1 (0.9)	t(83)= 1.97

^a N's ranged from 63 to 65 for residential programs and 21 to 22 for apartments

^b Hope was rated on a 4-point scale with higher scores denoting higher hope

^c Housing quality was rated on a 5-point scale with higher scores denoting higher quality.

^d Privacy, normality, safety, access to transportation, and affordability were rated on a 5-point scale with higher scores denoting higher endorsement of these characteristics.

Table 3
Correlation Matrix of Hope, Choice, Social Support, Satisfaction, and Housing Characteristics

	Hope scale ⁸	Physical Housing Quality	Privacy rating	Normality rating	Safety rating	Access to transportation rating	Affordability rating
Hope scale	n/a	.0	.01	.03	.01	-.17	-.05
Physical Housing Quality	.14	n/a	.26*	.36**	.34**	.24	.37**
Privacy rating	.15	.48**	n/a	.61**	.62**	.30*	.29*
Normality rating	-.08	.56**	.42*	n/a	.63**	.48**	.38**
Safety rating	-.07	.51**	.58**	.62**	n/a	.61**	.51**
Access to transportation rating	.15	.33	.55**	.41*	.41*	n/a	.66**
Affordability rating	.15	.56**	.38*	.58**	.43**	.31	n/a

Note: Upper diagonal shows the correlations in residential programs and bottom diagonal shows the correlations in apartment housing.

* p<.05,

** p<.01

⁸ All scale and rating values represent mean scores.