Behavioral Health Improvements Over Time among Adults in Families Experiencing Homelessness

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The analysis conducted for this brief does not use the experimental design of the Family Options Study. Instead, it explores the behavioral health of mothers and fathers in families during and after a stay in emergency shelter, regardless of the intervention to which their families were randomly assigned. The analysis includes 1,866 mothers and 154 fathers who responded to either the 20-month survey or the 37-month survey. For families with two adults, the analysis includes information only on the mother’s behavioral health problems. The study interviewed the mother by preference in the baseline and both follow-up surveys because the study included parent reports on children, and children are more likely to stay with mothers if parents become separated.
Introduction

Studies of behavioral health among parents of families experiencing homelessness typically interview mothers at the time of the homeless episode and find that homeless mothers exhibit elevated levels of psychological distress, post-traumatic stress disorder (PTSD), and substance abuse problems compared to all mothers of minor children (Bassuk et al., 1998; Chambers et al., 2014; Schuster, Park, & Frisman, 2011; Weinreb, Buckner, Williams, & Nicholson, 2006; Zima, Wells, Benjamin, & Duan, 1996). However, studies that compare mothers experiencing homelessness just with other deeply poor mothers are less consistent. Some find strong evidence that mothers experiencing homelessness have higher levels of behavioral health problems than deeply poor mothers who are housed (Banyard & Graham-Bermann, 1998; Park, Metraux, & Culhane 2010), while other studies find differences that are more modest or not significant (Bassuk et al., 1998; Bogard, McConnell, Gerstel, & Schwartz, 1999; Shinn et al., 1998). Little information is available on fathers who are homeless with their children.

A few studies have followed the behavioral health of parents after a period of homelessness and suggest that problems improve. For example, one study concluded that adults in families may go to shelters during a behavioral health crisis, with shelter stays replacing hospital stays (Culhane, Park, & Metraux, 2011). Similarly, a study of families in which the mother had a diagnosable mental illness showed that mothers’ mental health improved as families returned to housing after a shelter stay (Samuels, Fowler, Ault-Brutus, Tang, & Marcal, 2015). However, these studies were confined to small samples or a single city, making it difficult to extrapolate to larger groups of parents experiencing homelessness.

This brief builds on previous research by describing the behavioral health problems reported by 2,020 parents—including some fathers—at the outset of a shelter stay with their children and the association of these problems with parents’ prior experiences. For the purposes of this brief, behavioral health includes psychological distress, alcohol dependence, drug abuse, and symptoms of post-traumatic stress disorder (PTSD). The brief then looks at changes in the parents’ behavioral health problems over the next 37 months and how those changes were related to housing stability following the episode of homelessness.

Parents have high levels of behavioral health problems while in emergency shelters

After spending a week in an emergency shelter, 22 percent of mothers and 13 percent of fathers in the study were experiencing serious psychological distress compared to 9 percent of adults with incomes below the federal poverty level and with 4 percent of mothers and 3 percent of fathers overall in the U.S. across all income levels. In addition, 11 percent of the parents in shelter reported current alcohol dependence, 13 percent had current drug abuse, and 23 percent reported PTSD symptoms.

Parents who had been in foster care as children and who had experienced intimate partner violence at any time in adulthood had higher levels of psychological distress when they entered emergency shelters.

Parents’ behavioral health improves as they exit homelessness

Behavioral health problems for both mothers and fathers decreased steadily over time, as shown in Exhibit 1. Among mothers, the percentage showing evidence of drug abuse decreased by more than 75 percent between the shelter stay and 37 months later, from 12 percent to 3 percent. The proportion of mothers with serious psychological distress dropped by almost a quarter over the 37-month period, from 22 percent to 17 percent, and the proportion of mothers showing evidence of alcohol dependence declined from 11 percent to 9 percent. The slight decline in the percentage of mothers who reported symptoms of PTSD was not statistically significant.
Sample sizes: Mothers N=1,866. Fathers N=154.
Notes: The exhibit shows fitted values. Serious Psychological Distress is measured with the Kessler-6 scale with value of 13 or greater. Posttraumatic stress disorder (PTSD) symptoms is measured using Posttraumatic Stress Diagnostic Scale (PDS) assessment; alcohol dependence is measured with Rapid Alcohol Problems Screen; drug abuse is measured with 6 items from the Drug Abuse Screening test (DAST-10).
For mothers, changes over time for serious psychological distress, alcohol dependence, and drug abuse are statistically different from 0 at the .01 level. Change over time for PTSD symptoms is not statistically different from 0 at the .05 level. For fathers, the smaller sample size provides lower statistical power: only the change for drug abuse is statistically different from 0 at the .01 level. The other three changes for fathers are not statistically different from 0 at the .05 level. The baseline prevalence of serious psychological distress for fathers is statistically significantly lower than for mothers (at the .01 level). Baseline prevalence of PTSD symptoms, alcohol dependence, and drug abuse do not statistically significantly differ between fathers and mothers (at the .05 level). Slopes do not statistically significantly differ between fathers and mothers for any of the four measures (at the .05 level).

Fathers showed significantly lower levels of psychological distress than did mothers at the time of the shelter stay. This finding is consistent with the greater prevalence of psychological distress (Pratt, Dey, & Cohen, 2007) experienced by women compared to men in the general population. Fathers’ levels of alcohol dependence and drug abuse were higher than those of mothers, although the differences between mothers and fathers were not statistically significant. Changes in behavioral health and substance abuse over time were similar for mothers and fathers. In the remainder of this brief we describe these changes for all parents rather than for fathers and mothers separately.
Parents reporting behavioral health problems while in shelter or a history of intimate partner violence had larger reductions in psychological distress

Parents who reported a behavioral health problem in response to an open-ended question about health problems at the start of a shelter stay had higher levels of psychological distress both during the shelter stay and over the next 37 months. Parents who reported a behavioral health problem in response to an open-ended question about health problems at the start of a shelter stay had higher levels of psychological distress both during the shelter stay and over the next 37 months. However, they also showed greater reductions in psychological distress over time (Exhibit 2).

Similarly, the 49 percent of parents who had experienced intimate partner violence at some point as an adult saw greater reductions in their levels of psychological distress over the 37-month period following their initial shelter stay than parents who had not had such an experience. Psychological distress levels remained higher at 20 and 37 months following the shelter stay for parents who had experienced intimate partner violence, but these parents had sharper declines in levels of distress than other parents.

Housing stability was associated with improvements in behavioral health problems over time, but substance use problems may complicate efforts to attain stability

Families who reported stable housing 37 months after the initial shelter stay showed dramatic reductions in psychological distress, while those who returned to homelessness or doubled up with other households because they could not find or afford a place of their own continued to have high levels of psychological distress (see Exhibit 4). Interestingly, psychological distress while the parent was in shelter was not related to whether the family had stable housing 37 months later. Although PTSD was weakly correlated with housing stability, PTSD symptoms did not improve significantly over time as families stabilized.

Notes:

10 When reporting on their health, parents were asked an open-ended question on their medical conditions “Do you have any of the following medical conditions?” Open-ended responses such as ADD/ADHD, Depression, and Bipolar Disorder were post-coded with a behavioral health code. Of the 2,020 parents included in the analysis, 140 (7 percent) reported a behavioral health problem. The level of psychological distress is based on a continuous measure of parent scores on the Kessler 6 scale rather than whether the parent exceeded a cutoff for serious psychological distress.

11 The phi coefficients between PTSD and housing stability at 20 and 37 months after the shelter stay are .10 and .08, respectively.
it is at least plausible that substance problems and housing instability might influence each other.

12 programs that seek to reduce substance abuse for families who experience homelessness may help families to attain or maintain housing stability. Programs that provide stable housing to families experiencing homelessness will have the additional advantage of likely reducing levels of psychological distress.

The investigation of these families who were offered a long-term rental subsidy has also shown that such a subsidy reduces these behavioral health problems (Gubits et al., 2015, 2016, 2018), and entering housing from homelessness has been associated with a reduction in depressive symptoms over time (Wong & Piliavin, 2001).

Conclusion

Most studies of families experiencing homelessness look at families while they are in emergency shelter, during what is a very stressful period in their lives. Psychological distress is also associated with other adverse experiences such as foster care and intimate partner violence that are all too common in the lives of families who experience homelessness. Whether because families regain their equilibrium over time, their housing circumstances improve, or they receive behavioral health services, many parents in homeless families show considerable improvements in mental health and substance use challenges over time. Improvements in psychological distress are greater for families who attain housing stability than for those who do not.

Homelessness for most families is a temporary state (Culhane, Metraux, Park, Schretzman, & Valente, 2007; Shinn, 1997). The findings from this analysis suggest that, similarly, some of the behavioral health problems that families experience during the crisis of homelessness may also be temporary, and helping families to attain stable housing may be an important mental health intervention. Findings here are consistent with previous research showing that housing stability and behavioral health outcomes can be related. The experimental analysis of these families who were offered a long-term rental subsidy has also shown that such a subsidy reduces these behavioral health problems (Gubits et al., 2015, 2016, 2018), and entering housing from homelessness has been associated with a reduction in depressive symptoms over time (Wong & Piliavin, 2001).

There is little evidence in this study that psychological distress causes housing problems. Families who started with higher levels of distress were no less likely to become stably housed over time. The picture for substance abuse is more complicated. Substance abuse decreased for all families, and was halved for those who attained housing stability, but families with substance abuse when they entered shelters were also less likely to be stably housed 37 months later.

The study has important implications for policy and practice. Programs that provide stable housing to families experiencing homelessness will have the additional advantage of likely reducing levels of psychological distress. Programs that seek to reduce substance abuse for families who experience homelessness may help families to attain or maintain housing stability.

12 The association between baseline substance problems and housing instability at 37 months after shelter stay is statistically significant at the .01 level.
However, housing stability does not guarantee decreases in psychological distress or substance problems for all families, and decreases in PTSD over time were not statistically significant. PTSD, by definition, is a reaction to a previous trauma suggesting support beyond housing assistance is needed to create substantial improvements. Additional research on the relationship between behavioral health and homelessness among families could help service providers better design and tailor interventions.

References


Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services

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