

Social Networks and Psychological Disability Among Housed and Homeless Users of Self-Help Agencies

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SUMMARY. We look at the effects of psychological disability on social networks and support of homeless and non-homeless individuals. We analyze a survey of 310 long-term users of client-run mental health agencies. Psychological disability is negatively associated with network characteristics for housed individuals, but not for the homeless. There is a positive relationship between psychological distress and network size for the homeless who receive SSI while homeless individuals who do not receive SSI show a negative, non-significant association. We suggest the financial resources of SSI enable network members to become expressively involved with homeless individuals with relatively more psychological disturbance. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]*

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Both being homeless and mentally disabled have been recognized as conditions that adversely affect the extent and character of one's social relationships. Yet, with the increasing concern over the plight of the mentally disabled experiencing homelessness, no research has directly looked at the effects of psychological problems on social relationships in comparable homeless and nonhomeless mentally disabled groups. Understanding how one's support system responds to the difficult circumstances of both homelessness and psychological disturbance is the objective of this investigation.

The importance of social networks and social support in contributing to positive outcomes for people with serious mental disabilities has long been recognized. Unfortunately the networks of those with mental disabilities are significantly smaller (Sokolovsky, Cohen, Berger, & Geiger, 1978; Froland, Brodsky, Olson & Stewart, 1979; Harris & Bergman, 1985; Holmes-Eber & Riger, 1990), and are characterized by fewer reciprocal exchanges (Sokolovsky et al., 1978; Tolsdorf, 1976) than those of less impaired persons. Individuals with mental disabilities tend to be the recipients rather than the providers of social support (Pattison, DeFrancisco, Wood, Frazier, & Crowder, 1975; Hammer, Maikelsky-Barrow, & Gutwirth, 1978; Lipton, Cohen, Fisher, & Katz, 1981). Yet mutuality in social exchanges is considered to be an integral part of maintaining support systems for the mentally disabled (Tolsdorf, 1976; Parks & Pilisuk, 1984; Moxley, 1988). Further, Sokolovsky and Cohen (1978) found that larger networks and more types of supportive interactions between mentally disabled individuals and other network members were associated with positive outcomes such as decreased hospitalization.

The social networks and social support systems of homeless persons have been the subject of much study as well. Some studies have found that homeless people have fewer social ties than domiciled people (Bassuk & Rosenberg, 1988). Others, note that the social networks of homeless people seem to be lacking not in size but in their ability to provide support with money and housing (Rossi, 1989; Snow and Anderson, 1993), or that homeless people believe they have exhausted the resources of their friends and family (Shinn, Knickman, and Weitzman, 1991). Yet, despite their material poverty, homeless people help each other out considerably, sharing food, small amounts of cash, cigarettes, and tips for getting by on the streets (Cohen and Sokolovsky, 1989; Wolch and Rowe, 1992; Snow and Anderson, 1993).

Studies of the social network characteristics of mentally disabled homeless people tend to describe them as a particularly isolated group among the homeless, less likely to receive help from their families or to have local

friends (Rosnow, Shaw, and Concord, 1985; Grigsby et al., 1990; Snow and Anderson, 1993). Yet no studies have examined the differences between housed and homeless mentally impaired people in terms of their social networks and social support interactions. The effect of housing status on the negative association between mental disability and network characteristics, particularly structural characteristics such as size and interactional dimensions such as reciprocity of support and provision of support within the network, is the subject of this study.

We hypothesized, first, that the social networks of homeless mentally disabled individuals would differ in both structural and interactional terms from the networks of their housed counterparts. Specifically, we expected that the double burden of homelessness and mental disability would be associated with smaller networks and fewer supportive interactions with family and friends. We anticipated that the social networks of both housed and homeless mentally disabled people would be marked by the well-noted negative association between psychological disturbance and both network size and supportive interactions such as reciprocity and giving support to others.

METHOD

Subjects

Participants were long-term adult users of four client-run self-help agencies in the San Francisco Bay area. Data were gathered in 1992-1993 from 310 respondents. Those interviewed included a virtual census of paid staff and volunteers at all agencies as well as a sample of other agency members. Only participants who had attended the self-help agency at least twelve times over a period of at least three months were included in the study. Respondents were counted as staff or volunteers if they worked at least 10 hours a week at the agency. Overall, 96% of individuals asked to participate in the study agreed to do so.

Study Sites

Each of the study sites is a multi-service agency offering survival resources such as food and shelter referrals, as well as advocacy, peer counseling, and housing search assistance. A major component of each is a drop-in facility in which members can socialize, drink coffee, and play table games. All serve a client base that is indigent, often homeless, and

includes a large proportion of persons who are severely mentally disabled. At each agency, past and current clients comprise the majority of front-line service providers, and three are administered and governed by agency members. Clients may achieve their original service objectives but continue to come to the agency for companionship or to pass time, get additional services as needed, or do volunteer work.

All of the self-help agencies are located in urban settings. Three are in densely populated, low-income, ethnically diverse areas, the fourth is in a gentrifying residential area of single family homes and duplexes. Many agency members, including those who are homeless, live or have lived in the areas where the agencies they frequent are located.

Data Collection

Data were collected by interviewers trained by the Center for Self-Help Research including both former mental health clients and mental health professionals knowledgeable about self-help agency practice. Interviews were administered in two parts. The first, lasting two to three hours, assessed a number of variables including demographic indicators (such as gender, ethnicity, income, marital status, and educational background), housing status, employment, and two self-report measures of psychological disturbance.

The first self-report measure of psychological disability was the Center for Epidemiologic Studies Depressed Mood Scale (CES-D) (Radloff, 1977). Its internal consistency in the study sample was $\alpha = .85$. The second measure was a 22-item index developed originally by Langner for the midtown Manhattan study (Langner 1962; Ceiler, 1973; Wells and Strickland, 1982). The updated version of the Langner Scale used in this study eliminates symptom reports that the respondents' attribute solely to physical illness and/or alcohol or substance abuse. In the text we will refer to this scale as the Psych/Langner.

All interviewers were trained in the Brief Psychiatric Rating Scale (BPRS) (Overall and Gorham; 1962; Rhodes and Overall, 1988). Inter-rater reliabilities on these assessments in the current study were in the .9 range for all interviewers. The scales internal consistency in this sample was $\alpha = .80$.

Housing status was defined by a created two-category variable: one category included those who were literally homeless (that is, living on the streets, cars, or in shelters) and a second category included those in other types of housing accommodations.

The second interview involved assessment of past and current major mental disorders, including drug or alcohol dependence, through use of a

modified Diagnostic Interview Schedule (Robins, Helzer, Cottler, and Goldring, 1989).

Social Network Variables

The first interview included a section on Social Networks and Social Support adapted with minor changes from Lovell, Barrow, and Hammer (1984). This interview was developed to tap meaningful areas of instrumental and emotional support and other social ties among homeless people. Respondents were asked about a series of activities including borrowing small amounts of money, offers of a place to sleep for the night and assistance in time of illness. They were also asked about interactions involving the sharing of their deepest thoughts and feelings, "hanging out" and contact on occasions such as birthdays. Respondents were asked to list the names of all people they could call on for each activity and those people who came to them. After a series of 10 such questions, respondents were shown the names they had mentioned and asked if anyone who was important in their life had been omitted. These names were added to the network. Each name was then classified in terms of a number of factors including, friendship, family relationship and other statuses.

The study analyzed three types of structural variables: network size, number of friends in network, and number of family members in network. Twelve functional network variables were assessed, which included four types of supportive interactions and three measures of directionality. The interactional variables included (1) being able to "share (one's) deepest thoughts and feelings" with another person; (2) having someone to count on for whatever help that person is capable of giving; (3) a composite variable for various types of expressive support (i.e., providing advice, offering greetings on special occasions, and "hanging out" and doing things together); and (4) a composite variable for instrumental support (sharing money, providing a place to sleep, providing help when sick, and offering whatever one is capable of giving). The three measures of directionality included, (1) whether the respondent was the provider of such support, (2) whether she or he was the recipient of support, and (3) whether the support was reciprocal. Thus, three kinds of directionality were possible for each of the four types of supportive interactions, yielding twelve network functional variables.

Analyses

Analyses were conducted using difference of means and chi-square tests to reflect observed differences on demographic and structural net-

work characteristics between the housed and homeless in the sample. Correlations were used to evaluate the strength and directionality of relationships; partial correlations were used as controls where indicated.

RESULTS

Demographics

Table 1 reports basic demographic characteristics for the whole sample and subsamples by housing status. The mean age was 37, the median 38. Of particular note is the high proportion of African-American (64%); 17% were white. Fourteen percent of the sample had never married or lived with someone as if married for more than one year. Homeless individuals were more likely to be male, have less education, and have fewer formal sources of support (see Table 1). No differences were observed between the housed and homeless in their age, ethnicity, marital or relationship status.

TABLE 1. Demographic Characteristics of Long Term Users of SHAs in the San Francisco Bay Area

	Total Sample N = 310	Housed (N = 155) %/Mean	Literally Homeless (N = 133) %/Mean	t/p or χ^2 /p
Housing Status		54%	46%	
Gender				
Male	72%	64%	80%	$\chi^2 = 8.74/p = .003$
Female	28%	36%	20%	
Education				
Less than High School	27%	24%	34%	$\chi^2 = 9.55/p = .048$
High School	30%	32%	27%	
Technical	3%	2%	2%	
Some College	31%	30%	34%	
BA or Higher	8%	12%	4%	
Formal Sources of Income*				
Has paying job	24%	33%	17%	t = 3.29/p = .001
SSI/SSA	36%	48%	22%	t = 4.81/p = .000
AFDC	5%	5%	5%	t = 0/p = .998
GA	36%	25%	48%	t = -4.24/p = .000

* Significant numbers made at least some of their income from panhandling and/or hustling from unknown combinations of legal and illegal activities.

Housing Status

If we consider only literal homelessness, 46% lived on the streets or in a shelter. The remaining 54% were often precariously housed; 18.5% had to vacate their residence within 2 months, almost half within two weeks. Of those who had to leave within 2 months, 62% did not know where they would live next. Thus if we include people who have to leave their current housing within 2 months with no idea of where they will live, 59% were homeless.

Additionally, 78% of respondents had been homeless at least once in the past five years often for considerable periods of time. The median time homeless was a little more than 2 years. Ten percent had been homeless for the entire 5 years.

Psychological Disabilities

Respondents had multiple psychological disabilities. Eighty-seven percent had confirmed DSM-III-R diagnoses. Using the standard of moderate to severe substance abuse/dependence, half had a dual diagnosis; an additional 20% had a diagnosis of only substance abuse/dependence. People who were literally homeless and those who were housed shared no difference in diagnosis and the other indicators of psychological problems, i.e., the Langner, Psych/Langner, BPRS or the CESD.

Fifty-nine percent of the total sample had a Langner score of 4 or higher, the dividing point used by the Midtown Manhattan study to indicate serious psychological disability. The average score on the Psych/Langner ($\bar{x} = 3.6$) approximated this high score.

The BPRS rates respondents on 24 items using a scale of 1 to 7, where 6 and 7 indicate clinically significant symptoms occurring in the past month. Twenty-four percent had at least one clinically significant symptom. CESD scores averaged $\bar{x} = 41.9$ indicating high levels of depressed mood. (The mean for psychiatric patients is reported at 24.4; for the general population between 7.94 and 9.25 (Radloff, 1977).)

Structural Characteristics of Social Networks

The average size of networks for the total sample was 8.05, a size which is slightly larger than that reported in the literature for networks of people with serious mental health problems (Sokolovsky et al., 1978; Froland, Brodsky, Olson & Stewart, 1979; Harris & Berzman, 1985; Denoff & Pilkonis, 1987; Holmes-Eber & Riger, 1990). The sizes of these networks

are significantly smaller than those reported in the general population. Average networks for people in the general population range from 20 to 30 members, compared with four to six persons in psychiatric population samples (Cohen & Sokolovsky, 1978; Pattison et al., 1975; Tolsdorf, 1976; Hammer, 1981; Lipton et al., 1981; and Froland, 1979.) The sample members reported 3.07 relatives in their networks and 2.93 friends (excluding relatives). Homeless status has its primary impact on the number of friends. The homeless reported significantly fewer friends in their social network (2.35 vs. 3.43 for the housed, $p = .001$).

In considering functional network characteristics, respondents reported an average of 1.6 individuals with whom they could share their deepest feelings, 1.7 individuals who would share such feelings with them, and .9 individuals with whom they had a reciprocal relationship. Homeless individuals had significantly fewer numbers of such relationships (receiving = 1.3, $p = .02$; giving = 1.2, $p = .007$; reciprocal = .5 $p = .007$).

Respondents reported 1.1 individuals they could count on for whatever assistance the person was able to give, 1.3 individuals who could rely on them for such support, and .7 individuals with whom the relationship was reciprocal. Homeless people again had fewer numbers of individuals in such relationships (getting = no difference; giving = .8, $p = .002$; reciprocal = .5, $p = .028$).

The total sample reported getting expressive support from 3.7 people, providing it to 3.5 others, and having a reciprocal relationship in this area with 2.4 individuals. Again, homeless individuals had fewer such relationships in their network (getting = 3.2, $p = .009$; giving = 3.0, $p = .01$; reciprocal = 1.7, $p = .000$, respectively).

Finally, with respect to instrumental support, individuals reported 1.7 people in their network from whom they received such support, 2.3 people to whom they gave such support, and 1.7 individuals with whom such a relationship was reciprocal. Homeless individuals again suffered by comparison to the housed sample (getting = 3.1, $p = .047$; giving = 2.6, $p = .003$; and reciprocal = 1.1, $p = .007$).

Networks Characteristics and Psychological Disturbance

Table 2 reports the correlations between two structural network characteristics (network size and number of relatives) and three measures of psychological disturbance (the BPRS, the CESD and the Psych/Langner). Correlations are reported only for housed individuals. As expected and consistent with the literature, significant relations for the housed individuals were negative in character: the higher the psychologic disturbance, the smaller the network.

TABLE 2. Correlations Between Structural Characteristics of Social Networks and Psychological Problems for Housed Individuals*

Housed (N = 155)			
	BPRS	CESD	Psych/Langner
Network Size	-.17*	-.05	-.06
# of Relatives	-.30*	-.16	-.19*

* $p < .05$

Of interest was an unexpected set of findings among people who were homeless. The expected negative relationships between the structural network characteristics and psychological disturbance were absent—all correlations were approximately zero. This cannot be explained by a lack of variance in the measures of psychological disturbance or network characteristics. Further, there were no significant differences between the homeless and the housed groups in network size, number of relatives, or in the level of psychological disturbance measured by the three indicators. There were also no differences in the size of the network or the number of relatives between those with and without SSI in the homeless and housed groups. The latter findings indicated that between subgroup differences in network structure or psychological disturbance did not account for the observed relationships. We then explored whether the absence of findings might be because of some third confounding factor associated with homelessness. We replicated the analysis, controlling for current drug abuse/dependence and gender two variables correlated both with network characteristics and homeless status. They did not affect the finding. We then asked whether the issue was that of resources—did having the dependable non-trivial incomes of SSI/SSA make a difference in the results?

We replicated the analysis of the correlation between network characteristics and level of psychological distress controlling both for housing status and for receipt of SSI/SSA. The negative associations for those who were housed did not change. However, a very interesting and potentially important pattern emerged for those who were homeless. Among those who were homeless, the relationship between psychological problems and structural network characteristics became positive for those with stable financial resources (defined by receipt of SSI/SSA) and remained non-existent or negative for those without it. Despite the small number of individuals in each category (i.e., housing status by SSI) significant correlations were observed between the Psych/Langner and the network size for those

on SSI ($r = .38, p < .05$) and the number of relatives in the network ($r = .38, p = .05$). Further within the SSI subgroup, the CESD showed a positive ($r = .22$) albeit not quite significant relationship with the number of relatives, as did the BPRS ($r = .17$).

Similar findings obtained for functional characteristics. Table 3 shows the average within cluster correlations (i.e., the average of getting, giving and reciprocal r 's) between the functional characteristics and level of psychological disturbance controlling for housing status. Again we see that the majority of correlations are negative for the housed sample but absent or positive for the homeless. The difference between the r 's in the two samples is significant in 8 of the 12 correlations.

What seems to be accounting for the positive relationship of "sharing one's deepest thoughts" is again whether or not the respondent received

TABLE 3. Average Cluster Correlation Between the Functional Characteristics of Social Networks and Psychopathology by Housing Status

	Housed	Homeless	Significance of difference of r 's
BPRS			
Sharing deepest thoughts	.01	.20*	*
Sharing whatever one has	-.26**	-.04	**
Expressive interaction	-.29**	-.01	**
Instrumental interaction	-.25**	-.05	**
CESD			
Sharing deepest thoughts	.02	.04	n.s.
Sharing whatever one has	-.18*	-.01	n.s.
Expressive interaction	-.13	.01	n.s.
Instrumental interaction	-.17*	.08	**
PSYCH/LANGNER			
Sharing deepest thoughts	.00	.05	n.s.
Sharing whatever one has	-.21	.09	**
Expressive interaction	-.15	.10	**
Instrumental interaction	-.18*	.10	**

* $p < .05$; ** $p < .01$

SSI. For those having SSI the average within cluster r for BPRS and sharing thoughts equaled .35 ($p < .05$); for those without SSI, it is .06 (n.s.).

DISCUSSION

The most important observation to come from our results is that financial resources enable network members, especially relatives, to become involved expressively with homeless mentally disabled individuals who are experiencing high levels of disturbance. Colloquially, it might be hypothesized that if I'm a network member and the respondent comes to me in psychological crisis and I know he doesn't need money, I can be supportive of his emotional needs. In the past, researchers have observed that families become involved in crisis situations with people who have had psychological disturbance and that most contacts tend to occur at this time (Segal & Holschuh, 1991). It has further been observed that homeless individuals in crisis are most likely to have increased contact with their network members just prior to their entry into homelessness (Rossi, 1989). With the mentally disabled, it seems that relatives are drawn into the respondent's network during psychological crises if resources are available.

One might expect this type of finding given that we know the population involved are generally individuals who have had a long history of homelessness and who may have exhausted all the giving power of their relatives or other members of the network.

It would appear that one implication to be drawn from these findings is that if we are going to attack the problems of the homeless mentally disabled and we are going to expect more and more from informal networks in terms of their involvement in dealing with such problems, there must be material resources external to the network involved in order to facilitate informal network involvement.

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