

# Homeless Truths: A qualitative exploration into the impact homelessness has on mental health

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## Declaration

### Declaration

'I declare that this thesis that I have submitted to Dublin Business School for the award of BA (Hons) Psychology is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.'

Word count: **XXX**

Signed: DANIELLE QUINLAN

Date: 17/03/2020

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### **Abstract**

The aim of the study was to explore the lived experiences of formerly homeless adults now in secure housing, main research interests focused on how being homeless impacted their mental health. This was a qualitative study included three participants, one female and two male and conducted semi structured interviews to gain detailed insight into the phenomenon of homelessness. Interpretative phenomenological analysis was used with raw data interpreted by the researcher to create themes. The five superordinate themes which emerged were, Mental Health Issues, Feelings of Homelessness, Support Networks, Survival Strategies and Impact of Homelessness. Findings identified common themes of mental health issues occurring throughout homelessness and in the aftermath even years later.... harrowing lived experiences of fear, shame and isolation with many participants let down by close networks and services although shared an exhilarating indomitability to survive homelessness. Future research is needed within Ireland and on a wider scale.

## **Introduction**

According to Amore, Baker and Howden-Chapman (2011) Homelessness “should be defined as a fundamental and persistent problem.” The impact homelessness is having on mental health is harrowing with ever increasing numbers of adults and children presenting as homeless continuing to worsen the problem. An in depth extensive examination of broad factors contributing to negative mental health as a result of homelessness is necessary while also determining housing opportunities along with living status. This literature aims to highlight the negative impact that occurs in psychological well-being within all types of homelessness within society today. More proficiently, this will include rough sleepers, people in emergency accommodation, hidden homeless, individuals in insecure tenancies and inadequate housing. However, given the vulnerability of people in these situations the study aims to focus on formerly homeless people who are now in a more secure housing situation, and auscultate their lived experience of homelessness and how this effected their mental health.

This paper will seek to examine the lived experience of formerly homeless adults with a view to understanding their situation and more importantly how this impacted their mental health. Interviews were carried out to allow each participant to describe and reflect on experiences and memories and to discuss the aftermath homelessness. This paper outlines the methodology of an Interpretive phenomenon analysis study outlining the process of transcribing and immersing into rich, raw data and produced patterns. non analysis, themes were formed. In addition, themes such as Mental Health Issues, Negative Feelings & Emotions, Support & Lack of support, Survival Strategies and The Aftermath will be discussed.

### **Definition of Homelessness**

Under Section 2 of the Irish Housing Act (1988) the legal definition of homelessness states a person shall be deemed homeless if there is no accommodation available to reside in, an individual is living in a night shelter or other such institutions and lastly the individual cannot provide accommodation from their own resources. A concerning factor of this act outlines that there is no constitutional right to a home in Ireland, but local housing authorities are left with the responsibility of supporting individuals who find themselves without a home. Additionally this law is more than thirty years old and does not reflect the necessary need for housing in Ireland today, the first recorded number

of homeless people in the state did not take place until 2011 and reported 3808 people homeless at that time, this has tripled in numbers since. More recent research suggests there is no universally accepted definition given the abundant types of Homelessness in today's world. Busch-Geertsema (2010) established a simpler and more culturally appropriate definition, within Europe, which includes people without a roof over their head, more broadly this includes individuals who have a place to sleep but only on a temporary basis or those without any shelter at all.

### **Homelessness in Ireland**

In previous years homelessness was associated with more disadvantaged lower class socioeconomic backgrounds, individuals with substance abuse issues and lone parent families. However, in more recent year's reports in Ireland evidence a rise in the working homeless, given the higher cost of renting and lack of rental proprieties. Focus Ireland (2019) determined high rental costs along with lack of affordable and social housing are more common causes of homelessness, showing the most significant cause is a flawed housing system. Recent reports from Focus Ireland (2019), illustrate there are currently 10,514 individuals homeless in Ireland, with one in three of those being children. This report also outlined a further breakdown of figures with 1733 families entering emergency accommodation, this included 3826 children.

Such figures do not incorporate people who are living with relatives or hidden homeless and rough sleepers, in November 2019 a rough sleeper count revealed 92 individuals in Dublin sleeping on the street. Unsurprisingly with such a widespread issue, media coverage on such figures has increased in recent years, articles indicate homeless statistics are the highest ever recorded within Ireland. Many homeless individuals are not accounted for such as the hidden homeless, those who are living in squats, couch surfing or women's shelters (O'Scannail, 2019). The government has implemented such policies as 'Rebuilding Ireland' and a 'Vision for change' while these frameworks may seem to support interventions for mental health and seek to enforce better housing policies on paper, in practice they have not shown to improve the crisis in Ireland, in fact the situation continues to deteriorate at rapid levels never witnessed before now.



## **Homelessness and Mental Health**

As mentioned above the housing crisis is continuing to have damaging psychological effects on individuals in Ireland today, given the lack of affordable and secure housing available this is not surprising. Further research in the area demonstrated 68% of people felt the lack of security in their current accommodation led to uneasiness and anxiety. Another main factor included affordability with over 30% of income being spent on rent, in addition more 50% of people reported suffering from mental health issues deriving from their housing situation (O'Connor, 2019).

Building upon previous research, over 70% of homeless individuals were diagnosed with a form of mental illness for instance, Anxiety, psychosis, personality disorder along with high rates of schizophrenia (Bassuk, Rubin, & Lauriat, 1984; Scott, 1993). In relation to mental health effects of homelessness, Wong (2000) found traumatic events, substance issues and general unstable circumstances individuals find themselves in can lead to depression. Other variables which contributed to depression include quality of life, therefore those living in physical deprivation and suffering from extreme social isolation are more likely to experience depressive symptoms (Lam and Rosenbeck, 2000). On becoming homeless many individuals convert into society's outcasts which can lead to isolation and loneliness (Layton, 2000; Rokach, 2005) which has been linked with depression, anxiety and suicide.

Previous studies conducted on mental illness in homeless people, have done so in conjunction with other variables such as substance abuse. Padgett, Gulcur and Tsemberis (2006) conducted a study on homeless people suffering with mental illness and substance abuse issues but could not draw definite conclusions given the absence of toxicology reports along with the method of self-reporting. These types of studies focus more on how housing can support and enhance treatment for individuals with addiction issues but are less fixated on factors that can enhance mental health or quality of life and how individuals adapt to life long-term once housed (Padgett, Hawkins, Abrams and Davis, 2006). Furthermore, these gaps in research delineate further studies focusing exclusively on mental illness within homeless are needed, excluding other variables which could impact or skew results. Therefore, in order to seek a better understanding on factors relating to homelessness it may be of more value to conduct qualitative research to comprehend a lived experience directly from an individual.

### **Impact of Homelessness on mental health**

Building upon previous research, key factors identified in relation to mental health illness within homeless individuals include amount of time spent homeless, studies have indicated a higher prevalence of mental health disorders in individuals that spent longer in this situation. Unger, Kipke, Simon, Montgomery, and Johnson (1997), presented startling findings in individuals homeless for more than a one year period, these were more likely to engage in self-harm in contrast to those who spent less than one year. Within Irish society today, length of time in emergency accommodation is continuing to increase with 26% of adults living in this situation for more than 24 months, these individuals are at risk of developing mental health issues and self-harming (McGrath, 2019). Alarming findings like these reiterate the need for further intervention and policy change, in order to do so future studies must be done to exhibit the real life effect homelessness is causing and how detrimental to psychological well-being these issues become the longer they proceed. Rosenheck and Lam (1997) found a significant number of homeless adults were suffering from suicidal thoughts with over 51% of the participants attempted suicide at some point in their life. Before considering such startling figures, it must be considered this sample was taken from homeless adults who were diagnosed with psychiatric disorders prior to becoming homeless, therefore cannot be generalised to all homeless individuals.

Further studies in the area have examined the relationship between mental health and homelessness centralizing mental health as one main risk factor or cause of homelessness. Kuno, Rothbard, Avery and Culhane (2000), found that individuals suffering from mental health issues, when compared with the general population, were 10-20 times more likely to find themselves homeless. It is, however, important to note the limitations in carrying out such research as indicated above this is becoming one of the least common factors for falling into homelessness in Ireland today. More up to date research is needed while incorporating today's homeless or as previously described "working homeless" which is realistically being caused by a societal injustice rather than through any fault of the individual. The rental market within Ireland is creating more issues than ever before, in a Focus Ireland report (2017, P.3) participants disclosed the reason for leaving their previous rental property was due to the landlord putting the property up for sale. In turn this has highlighted the lack of support services for homeless people, which will be discussed in the following paragraph.

## **Services & Support**

Many homeless individuals report not having access to support services in regard to mental health, given their main aim is to gain housing their own psychological wellbeing usually becomes less significant and therefore becomes less of a priority. Similar to the theory proposed by Maslow (1943), on the hierarchy of basic human needs, homeless individuals are lacking in the basic safety of housing and food therefore until these needs are met all other needs will simply be non-existent. Nelson, Clarke, Febraro, and Hatzipantelis, (2005) measured mental illness in formerly homeless adults and found during times of homelessness participants failed to come to terms with their mental illness. Individuals did not receive necessary diagnosis, consequently, never received support in dealing with such issue, they also reported lack of support within relationships. In contrast once housed, they managed to build better relationships and support networks, leading to feelings of increased well-being (Schutt, Goldfinger & Penk, 1997). Overall, this led to better quality of life, therefore supporting Maslow's theory that once basic needs are met individuals will then seek to concentrate on the next set of needs.

Mental Health Reform (2017, p.3) reported a lack of services for homeless individuals suffering with mental health illness, there was firstly a lack of crisis support, more so when that person has substance abuse issues and secondly scarcity in follow ups upon being discharged from inpatient services. Lack of support services in mental health for homeless individuals can cause harrowing effects, leading to failure to recognise and intervene in suicidal symptoms. Mental illness is a predictor of suicide as is substance abuse and suicide attempts are more common when experiencing stressful life events (Desai, Liu-Mares, Dausey, & Rosenheck, 2003).

Further studies have examined the relationship between mortality and homelessness, indicating homelessness was heavily correlated, however results were difficult to infer as many other variables attributed to mortality rates including socio economic backgrounds and rough sleeping (Morrison, 2009). Many limitations presented from this study, as participants were enlisted through local housing authorities if homeless people were not engaged with these services they would not have been included, this study was also longitudinal and follows ups are difficult with individuals who are homeless as they may drop out during the study. Results of these studies provide further evidence for the need for qualitative rich, raw, in depth studies to gain more insight, which is the aim of this study.

### **Aim of research**

Much of the literature in this area has focused on causes and solutions to homelessness and may have moved thinking towards this rather than trying to understand the experience of being homeless, in order to do so it is important to understand an individual lived experience of being homeless. Comprehending such a phenomenon is difficult to do so from quantitative research, therefore this study will be focused on a qualitative approach. This approach suggests, in exposing this phenomenon necessary tactics to implore are speaking with individuals on their everyday experiences which will generate more diverse and extensive findings. Volunteer agencies and charities have dominated research within Ireland in order to produce social reform and change in policy while this research is needed and significant, studies that look into psychological effects of homelessness are key to understanding the effect this is causing within many individuals experiencing the upheaval and uncertainty of homelessness (Eustace, 2014).

Further research in the area suggest in order for psychologists and other practitioners to successfully work with homeless people, improving response and interventions for them is crucial. Rather than focusing solely on policy change and statistical findings, key factors include treating homelessness as a psychologically traumatic experience will increase treatment for the effects it may cause (Goodman, Saxe and Harvey, 1991).

Qualitative studies are minimal in this area and needed for the depth and key themes that emerge. Rather than reading reports on increasing numbers and categories of homeless people, using qualitative interviews can highlight the more personal story or truth behind the lived experience of such individuals. Although participants for the study will only include formerly homeless adults, they may be potentially still vulnerable, nonetheless these individuals' stories can provide a much greater benefit to society by hearing directly from the people behind the statistics. This study will aim to comprehend how homelessness effects mental health, the majority of research in this area has been done in the UK & USA indicating the need for further studies within Ireland. Given that we have a rising homeless crisis with over 10,514 people in Ireland without a home, considerable and valuable research in this country is long overdue in this area.

The main research questions this study will aim to explore are,

1. What are the experiences of formerly homeless adults?
2. What are the outcomes on individual's mental health due to being Homelessness?
3. How mental health has changed upon acquiring secure housing?

## **Methodology**

### **Theoretical Approach**

Interpretative phenomenological analysis (IPA) has become a valuable qualitative approach which focuses on the lived experience of an individual, controlling for any prejudice in previous theoretical preconceptions (Smith, 2015). IPA has become more popular in research today given the more in depth findings of such research, quantitative cannot delve so deeply into an experience of many phenomenon's, particularly emotionally laden matters such as homelessness. There are a number of reasons which made this study better suited for Qualitative methods, more specifically IPA. Rather than focusing on measures and predictors in quantitative studies, IPA concentrates on descriptions and explorations, to shed light on meanings that are less perceptible (Tuffour, 2017).

In order to explore the phenomenon of homelessness through then lens of the person directly experiencing it further confirmed the validity of the data, as the data represent the participants realities. Furthermore, in an attempt to further prove validity, the researcher will revert back to the data numerous times to ensure constructs, categories, explanations and interpretations is comprehensible and rational (Patton, 1980, P. 339). Furthermore, the critical paradigm allows interpretation to be shaped by social, cultural and historical forces while also developing into thick, rich description of the subjective experiences of each participant (Guba, & Lincoln, 1994)

### **Participants**

Purposive sampling was used for this qualitative study, participants included formerly homeless adults, in line with IPA recommendations the small sample size consisted of three participants, two male and one female, ranging from aged 31-55 and there were 2 males and 1 female. Inclusion criteria consisted of individuals over eighteen years old, who are willing to discuss their lived experience of homelessness and also willing to be open about their mental health. Adults must be formerly homeless, more specifically previously lived on the streets, in a hostel, family hub or any temporary accommodation but is now permanently housed. Further criteria included English speaking participants who are in good mental health in order to be able to understand and agree to the study. Therefore, exclusion criteria will include anyone who does not meet these requirements.

Participants were sourced through broadcasting the study throughout homeless charities who have dealt with homeless people or have helped house them during their time spent homeless. Posters (See Appendix E) were also handed out to charities and enquiries were made face to face about recruiting participants. The posters (See Appendix E) were also shared within homeless groups on Facebook which involve sending the poster to the admin of each page, giving a brief overview of the study and requesting they share it on their Facebook page.

### **Design**

The research design aimed to explore lived experiences of formally homeless adults who are now permanently housed. A phenomenological method was used in order to gather rich, raw data to comprehend and capture a more intense account of the phenomenon of homelessness. Semi-structured interviews (Appendix B) including 15 open ended questions to allow the participant to detail their own experience without being biased or swayed, this was done to allow conversation flow. A prior consultation with the researcher's academic supervisor ensured that the interview questions were suitable for this study.

### **Materials**

An introduction letter (Appendix E) was drafted by lecturer as although an unsuccessful method many charities were approached to try gain access to participants through a gate keeper. A poster (Appendix D) was also handed out to charities as well as posted to a number of Facebook groups for homeless individuals. In line with method used of allowing participants to approach the researcher directly if they were interested in the study, at that point an information and consent sheet (Appendix A) was emailed which outlined more details to ensure participants was as comfortable as possible; this included prior knowledge that interviews would be recorded. Semi-structured interview questions (Appendix B) were be used in order to explore the issues but also allowing individual perspectives. Interviews were recorded on a Huawei p20 lite mobile phone and then uploaded to my laptop to store in password protected, then deleted from mobile. Interviews were transcribed on Microsoft Word verbatim, excluding any identifying material. Manual Analysis was also completed in Microsoft Word.

## **Procedure**

Interviews took place in a private setting, at a time and place chosen by the participant, this ensured participants were comfortable and able to share any experience. Participants were reminded the study was voluntary, completely confidential and they did not need to disclose anything which made them uncomfortable. The information sheet was discussed, and consent form signed by each participant. Interview questions were asked as per the list of questions; however, many were not required given many of these were answered during the conversational flow with participants. Interviews varied between 35 minutes to 1 hour 30 minutes. Once the interview was complete, participants were thanked for their time and for sharing their experiences. Participants were talked through the de brief sheet and also given a copy offer a list of support services to contact (see Appendix C), after which the option to discuss any questions they may have was given.

## **Data Analysis**

For this design Interpretative Phenomenon Analysis was considered a useful method in allowing participants to convey their experience while also allowing interpretation from the researcher (Smith, Flowers & Larkin, 2009). Semi- structured interview questions were used (See Appendix B) and answers to these questions plus any other detail participant went into the analysed using IPA. IPA analysis involved immersing one's self in the transcripts, listening to interview recordings numerous times and transcribing the interview while making sense of participants descriptions of the phenomenon of homelessness. Once transcribed each interview was read numerous times, making notes and gaining full understanding of experiences and issues discussed. Emerging themes identified with the researcher made sense of data and connections were made to allow patterns be categorised, this led to the emergence of a more interpretative account. Once this was done final themes were clustered leading to the advancement of five superordinate and corresponding subthemes. Finally, consultation occurred with the academic supervisor ensure validity (Smith, et. al, 2009).

## **Ethics**

Upon receiving approval from DBS ethics committee interview questions were slightly edited to ensure a more empathetic and open questions were used, given participants fell into a vulnerable group (Research category B). Particular focus was on the main ethical principles Respect, Competence,



Responsibility and Integrity (Psychological Society of Ireland, 2011). Participants were informed the study is voluntary, completely confidential and they did not need to disclose anything which made them uncomfortable. Prior to interviews commencing, the researcher ensuring all participants were willing and happy to take part in the study. Particular focus on ensuring all participants had given informed consent was guaranteed by participants signing the information and consent form (See Appendix A) this form also outlined participants must be comfortable to discuss their experiences while homeless and also their mental health.

Participants were informed of their right to withdraw at any point in the study, furthermore the researcher advised participants if they feel any discomfort, they need not answer questions and the interview can be terminated at any point. Participants were be reminded the study is voluntary, completely confidential and they did not need to disclose anything which made them uncomfortable. Transcripts were stored in a secure location and pseudonyms were randomly selected for each participant in order to protect their identity. Afterwards, a de brief sheet will be given to participants with a discussion at the end, they will be given information on support services available to them in the case any questions bring about any distress to participants. The findings revealed from this IPA style analysis of the data will be discussed in detail in the upcoming chapter.

## Results

The aim of this research was to focus on the lived experience of homelessness and furthermore to decipher how this impacted the participants mental health. In this chapter the IPA method was delineated in detail in order to allow for analysis and interpretations to cultivate. Throughout the analysis of the rich, raw data, patterns developed which were examined, categorised and interpreted to establish themes. Five superordinate themes emerged from the data 1. Mental Health Issues 2. Feelings on Homelessness 3. Support Networks 4. with Survival Strategies

<b>Mental Health Issues</b>	<b>Feelings of Homelessness</b>	<b>Support Networks</b>	<b>Survival Strategies</b>	<b>The Impact Of Homelessness</b>
Anxiety	Fear	Family & Friends	Sudden Upheaval	Modern Homelessness
Depression	Isolation	Services	Maintaining 'normal' life	The aftermath of homelessness
Suicide	Shame	Feeling let down	Persistence & Positivity	
	Discrimination			

**Table 1 - A table of superordinate themes along with corresponding subsequent themes**

## **Themes and Subthemes**

The next section outlines the main superordinate themes and subsequent subthemes as outlined above in table 1

### **Mental Health Issues**

Theme one identified by the participants was mental health issues, each participant highlighted having suffered mentally in the time they spent homeless whether it occurred at the time or in the aftermath of being homeless. This theme includes more specific mental health issue categorised into the subthemes, anxiety, depression and suicide.

#### **Subtheme A - Anxiety**

Ann describes suffering with anxiety upon becoming homeless but also after moving from the family hub into the temporary apartment “I was suffering with anxiety because I kept thinking he is going to tell us to go, we were very quiet people and the people next door were very loud killing each other and they were told to leave and that frightened me and I was worried that we would be next.” As a result of this even though in permanent housing now cannot settle, does not feel it is home and feels they will be moved on “Ye it’s just going to take me a while to settle and realise I can unpack my bag, like even with clothes my daughter had to tell me to take them out of the bag and put them away.” This quote illustrates Anne ambivalence to her new situation. Her struggles to define her place and a feeling of home. This is marked by the fact that she needs to be told to take the next step, and that the adjustment is not instant and will take her a while.

Similarly, Peter also struggled with adjustment and says that his “head is spinning with it all,” Peter was a young boy who had been living in his mother’s up until now although describes being somewhat ignorant to the situation struggled with the adjustment of now having to live in box room in a hostel with his brother.

#### **Subtheme B - Depression**

Ann describes her mood when she lived in the family hub, never wanting to leave the room and feeling down “I was in a bad place I was really bad, I was crying all the time you know kind of in my own little hell hole and I couldn’t see a way out of it. If it wasn’t for my daughter, I probably would have had a breakdown” at times also blocked this out ““The doctor said I was on the verge of a

breakdown but like I wouldn't take it." Anne here shows her resilience with her words 'I wouldn't take it'. Knowingly she was struggling but holds on to need to survive.

When discussing mental health Ann had a maternal tendency to always bring it back to her children and how it affected their mental health "I think both my kids have had meltdowns on many occasions, and then the added pressure of going to school" and despite being in a dark place herself kept it together for her children "you just have to put on your poker face no matter old they are"

Peter described being naïve throughout the situation as he was only eighteen and did not realise how becoming homeless affected him until years later "I should of gotten the help then is because over the years it's something that stays with you." He suffered with depression because of this and the experience has never left him

Likewise, Billy described himself in an extremely negative place on the first occasion of becoming homeless "Oh god I felt like someone come and kill me now, shoot me, I just want to want to stay in a hole, just bury me, I felt like I wasn't coming out of there." Although Billy's low and depressive state was mainly due to previous trauma becoming homeless triggered these emotions and feelings.

### **Subtheme C - Suicide**

Ann illustrated a "happy go lucky" picture of her son throughout this time and though he was the one dealing with the situation best, which made it even more of a shock when he attempted suicide. "I brought him to the hospital and there were marks all the way up his arms, and he had been cutting himself up and down his arms which I didn't know." In trying to keep her children and her life functioning she shut out her own feelings which also meant she was unaware how this situation was affecting her children "sure I didn't even realise the kids were suffering from depression until it slapped me in the face when my son tried to do what he did." Although Ann seemed to display guilt here, she still strived for her children and her maternal instinct inspired her to carry on trying to find a solution for this crisis.

Correspondingly, Billy goes into further detail about how his negative thoughts intensified and also how he tried to block out previous traumatic childhood experiences "everything festered on my I was dabbling in drugs I was drinking a lot I attempted suicide a few times, I was just in a deep dark

place at the time, I didn't know where to go to get out of it." Previous trauma experienced led to Billy being unable to seek help and upon becoming homeless the isolation he thought he needed, instead exacerbated his negative thoughts leading to suicide attempts.

### **Feelings of Homelessness**

A second significant theme distinguished by participants emerged through feelings of homelessness, this section described how being homeless made each participant feel. There were not only mental health issues presented in the finding however many different emotions and feeling experienced by individuals, this theme is broken down into four subthemes as outlined below.

#### **Subtheme A - Fear**

Ann was extremely apprehensive upon becoming homeless but even more afraid having to approach services that were there to support homeless individuals "I said I really don't want to go down to Parkgate again and I said I'm not being funny but last time we went in I was terrified, there was a couple of people high on drugs and I never seen anything like that before." Ann demonstrated the real struggle of homeless here having no other option but to approach such places but being fearful to do so. This state only heightened once given the option of accommodation in a family hub "you'd be afraid to go asleep, do you know because even though you have a door and the door is locked you just don't know" Although described building relationships with some individuals never settled and felt afraid most of the time resorted to staying in the room.

Peter was also quite horrified at his surroundings while staying in a hostel, as a teenage boy who had two nights previous been in his childhood home he was petrified, "first night I leaned back put my hand behind the pillow and there was a syringe in the pillow." Nevertheless, seemed to adjust quickly understanding the way things worked and was unable to show how terrified he was.

#### **Subtheme B - Isolation**

One main contrast on finding was Billy's experience of homelessness, instead of isolation and loneliness natural occurring during this time he had chosen to run away from family and isolate himself rather than deal with problems. "I thought the world was against me and I wanted no help, I wouldn't seek help from anybody," his previous childhood issues had made it extremely difficult to trust people

therefore he did not feel comfortable to speak about his problems even to his mother. "It drove me to homelessness because I didn't want to deal with it, I ran and ran," even in times when his family would reach out and come find him Billy wanted no part of this almost punishing them for never having done so when he was experiencing the abuse as a child.

Nevertheless, regardless of how isolation occurs it remains a common theme between participants, Peter felt extremely during his time in the hostel, he had no support from his family and felt he had little help from any services, leaving him feeling very much alone. "You withdraw from the process and you look after yourself because no one else is doing it for you and no one else is helping you," rather than continuously reaching out for help he lowered all expectations to protect himself from further disappointed and decided to deal with this situation on his own.

### **Subtheme C - Shame**

There are many ways shame was exhibited throughout the data, whether participants felt ashamed themselves or other people placed this degradation placed upon them, this is a common theme when speaking about homelessness due to the nature of the situation. Ann discussed the first experience she had upon having to register as homeless, already feeling a certain humiliation, was then met with staff who left her feeling extremely degraded, "I took out my Trinity card handed it to him and he looked at me and went oh is that a snakeskin purse and I just looked at him and said no Penney's finest and he shouted at the top of his voice this little one here he says from Trinity thinks that she's homeless." Ann displays anger here when reflecting upon the treatment she received as if a person attending Trinity could not be homeless.

Likewise, Billy experienced immense discomfort on the second occasion of becoming homeless he remained employed and had to continue to act as normal as possible as he did not want his peers to know he was homeless. Mainly because he felt this was his own fault and felt he had disgraced himself after squandering money leading him back into a situation, he had thought he would never have to deal with again. "I was so ashamed I didn't want people to see me like that I hid it so nobody knew" in order to protect himself of having to deal with this shame, Billy merely carried on as normal commuting from his tent to work and back each day, upholding the charade that nothing was wrong.

### **Subtheme D - Discrimination**

Each participant had their own account of feeling as though they were judged or treated differently because of their situation, there was a certain impression of what it meant to be homeless and they were placed in this category regardless of their own behaviour. Ann found upon every rental property viewing she went to, she became the victim of discrimination due to her situation “But it was like that all the time every time we said HAP they wouldn’t tell you to your face but they would say no.” Ironically thirteen years previous, Peter found himself in the same situation when looking for rental accommodation to get him out of the hostel in which he lived, “You couldn’t even apply for rental accommodation elsewhere in Dublin because you had no address who was going to take you on as a homeless person even if you had the money.” For both participants the mere mention of the word homeless was enough for people to segregate them into a certain category, one which made them an unappealing tenant or certain type of person automatically.

This stereotypical generalisation also occurred when Ann lived in the family hub, there was a certain label placed on them, collectively, merely for the fact these individuals had found themselves with no home and in need of emergency accommodation “The neighbourhood would blame anything in the area on us, there was stuff robbed and they would say we were all druggies and alcos.” This was an interesting finding as it seemed to be quite a generalised assumption that if an individual had become homeless it was assumed that individual either done something or made a bad choice to lead them there. Billy discussed similar issues “That’s what happened me when I was homeless aswel people just assumed I would go I into a shop and rob it because I’m hungry, no I have morals,” once put in that situation it was inferred homeless individuals instantaneously lost all morals and honestly they had previous upheld.

### **Support Network**

In transcribing the data many patterns developed which related to who if any individual or service supported each participant, much of the data indicated they received very little and were let down numerous time that one would wonder how they remained strong and persevered through the situation. This led to the formation of theme three.

### **Subtheme A – Family & Friends**

This subtheme concentrates on the relationships and type of support received from family and friends; each participant discussed the support networks they had in place. Ann was supported for a time by her eldest daughter although it wasn't practical it was a place so she and her children did not have to stay on the streets "We ended up in my eldest daughters, in a two bedroom apartment so we were all scattered sleeping everywhere and anywhere and all on top of each other." Whereas the dynamic was entirely different in Peter's situation given he was forcibly told to leave his family home at the age of eighteen, after being involved in an altercation "everything kind of exploded my ma basically kicked us out because she knew something bad was going to happen." This was an interesting piece of data as firstly Peter spoke about it in such a simplistic way, he didn't seem to hold much blame or turmoil against his mother later explaining he had younger siblings and his mother was right to protect them. Needless to say, to be thrown out of the only home you have ever known at such a vulnerable and young age would be an extremely difficult adjustment for most.

### **Subtheme B - Services**

Throughout each interview participants were asked if there were services available to them that helped in any way in regard to housing or with mental health, all three participants had little support in these services. When it came to services available for housing, Ann found some workers she engaged with helpful, but not the system as a whole "you're just a number and you can't jump a queue." In terms of mental health there was never any offer or advice on speaking to someone about her mental health but credited her GP for being extremely extensive and checking on her in this regard.

Other participants echo similar results, Peter explained having very little access to services who could help him ""We didn't know what the outcome was going to be, which was hard, we weren't on any housing lists, we weren't entitled to an awful lot(.....)we weren't been told here's your options." Even as a young boy presenting as homeless there was no one for him to speak to "I don't remember it being suggested, there was no follow up no one ever contacted us from them kind of departments."

As did Billy who described the experience of being homeless for a second time and merely being given a tent from his local County Council "that's the problem with some services they say we'll



give you this that and the other but then never give it to you, it's like false hope they kind of tell you but it doesn't happen." This lack of help was a common theme throughout leading on to the next subtheme.

### **Subtheme C - Feeling Let Down**

In sifting through the data, there is a consistent feeling expressed from each participant of abandonment and disappointment, whether this was family, friends or services, when participants sought the help they needed, it wasn't there. Ann described having no support from people, close friends or family did not keep in contact when herself and her kids became "Nobody came near us we didn't see anybody, we felt very closed off from people. People didn't want to know, your friends or so called friends didn't want to talk to you because they would think oh, she's going to look for help." Astonishingly the people they believed would be there to help them throughout possibly the most difficult time in their life, let them down most.

Given Peter's family had no option to support him, the only option was to seek help from homeless services however he describes being given very little information. Peter was never pointed in any direction to seek further help, upon asking for assistance he was given a bed within a hostel and left to his own accord "I never went back to the housing services I never spoke to them again, as far as I was concerned, I wasn't entitled to anything." Subsequently, he became frustrated at the process of having to ask for help, "how many times are you going to ask how many times are you going to go in and ask the same questions over and over, each time your mental health deteriorating each time you're getting a bit more fed up, each time the person across the table from you is getting more sick of your attitude because your acting a certain way." This was particularly difficult area to discuss with Peter as he recalled the anger, he felt at being so young and not being looked after or at the very least being pointed in any direction, instead left to fend for himself.

### **Survival Strategies**

Theme four accrued from related data on how each participant managed and coped while homeless, whether this was sleeping on the streets, living in a family hub or staying in a hostel each participant detailed how they endured though this.

### **Subtheme A- Sudden Upheaval**

As with many individuals who find themselves homeless, each participant experienced a major change in their living situation in the blink of an eye, all three were left without accommodation and had to quickly navigate themselves through this huge curveball to find a solution. Ann was unaware the rental accommodation she lived in was sold until she called the landlord due to an issue with her boiler. Peter and Billy fell into homelessness in similar situations as their mother threw them out of their family home, they were both eighteen year old boys who had no place to go. As Billy recalls the tragic lead up to this “My grandad abused me sexually and mentally(...) that kind of led me to become a junkie I suppose(..) I became homeless first because my mam found out I was doing stuff [drugs] and tried to help me but it wasn’t sinking in so I got kicked out of my mams house for about a year.” The adjustment both boys had to make here was formidable although both seemed to adjust quickly, there was a certain naivety here and upon discussing how they survived seemed to have blocked out much of the experience.

### **Subtheme B - Maintaining ‘normal’ life**

Each participant expressed elements of life that just had to carry on as normal they had no choice to keep going and although they had many issues to juggle, managed to manoeuvre their way through best they could. There was common patterns of determination and drive from each participant, Peter reflected on how he managed “day to day life was difficult to juggle everything because I wanted to stay working, I wanted to keep college up and I knew it wasn’t going to be forever.” This was not the time, in Peter’s opinion, to pause and reflect, instead he needed to push through and ensure he survived this always reminding himself it would be temporary. This survival strategy was imperative for resolving this crisis he found himself within.

Also, an element of trying to accomplish too much as Ann describes trying to get through college while dealing with becoming homeless “this was going on, so I failed all of my exams every single one of them.”

### **Subtheme C - Persistence & Positivity**

In contrast to much previous research all participants displayed high levels of positivity and showed common themes of persevering through a difficult time, also describing always knowing it would be up to them to get themselves out of homelessness. Ann deems herself as one of the lucky ones outlining her situation, in her opinion, was not so bad compared to others “as I said it could have been worse we could have been out on the street (...) my story is not as hard as others, like there was women in there [family hub] with little kids. Not saying it didn’t affect my kids it did, but they were older.” Ann recognises although the harrowing effect it had on herself and her children, she had witnessed much worse cases and was grateful for what she had.

In addition to this, although Peter was in a very difficult family situation and also at a very influential age he remained positive reminding himself this was only temporary “At the time I guess I was positive enough to know it wasn’t going to be forever so I didn’t want to let anything else slide in the meantime which was difficult (...) Again, I was young and lucky enough to be able to get myself out of that situation.” Billy reiterated “If you want help do it yourself because no one will do it for you, you ask for help along the way, but no one will do it for you.” Although each participant described times of low mood and struggle, they remained focused and determined to get themselves out of this situation, even through times when they could not see any end, continued to remain positive in order to survive.

### **The Impact of Homelessness**

The next section will outline theme 5 which is significant in the study given it concentrates on one of the main research questions.

### **Subtheme A – Modern Homelessness**

This study drew common themes in the data to further comprehend today’s homeless, given one participant was homeless due to rental or landlord issues this gives further insight into a more frequent reason for homelessness within society today. Ann’s experience occurs daily in Ireland at the

moment the rental property in which she lived was put on the market and sold unbeknownst to them “oh I don’t own that house anymore he said the house belonged to somebody else and gave me the phone number, they’ll have deal with the boiler” It was at this point her new Landlord then advised without any notice she was being evicted as they were moving into the property.

In comparison although Peter was homeless over thirteen years ago he experience similar issues in regard to renting and the lack of affordable housing “even then the rent was extortionate I wasn’t ever going to be able to afford a place on my own,” this reiterates that things have become increasingly worse in this space of time. All participants were extremely passionate when they spoke of the lack of progress being made by the government in the homeless crisis and touched on the lack of affordable and social housing to accommodate people in Ireland.

### **Subtheme B – The Aftermath of Homelessness**

In line with the research topic of this study the lived experience was given from each participant in a reflective method therefore a great deal of insight was given into the impact homelessness has after the individual obtains secure housing. As shown in table 2 (below), Ann still struggles with anxiety indicating the struggle to settle and unpack items for fear of being told to leave again. Peter reflects in a more positive way thinking of how far he has come while also acknowledging the experience has never left him. Similarly, Billy also still suffers with his mental health, although has continuous support, while also working within a charity supporting people who are in homelessness.

**Table 2: Quotes from participants in relation to the aftermath of homelessness**

Ann	Peter	Billy
<p><i>“And then even when I got in here, I didn’t want to put stuff away I was afraid I would end up putting them back in bags and going again”</i></p>	<p><i>“it’s now looking back on it, even when I drive past it’s a weird experience coming into work in the morning, I pass the homeless centre and it’s a different life”</i></p>	<p><i>“It’s thought me a lot since, it’s given me a lot of life lessons. I’ve been through so much in my life that’s the reason I’m writing a book.”</i></p>
<p><i>“That was my mindset I kept thinking this is not mine and we’re gonna have to go, even now I still think someone is going to say you have to go. It will take me a while before I get out of it”</i></p>	<p><i>“Exactly its hindsight then that you kind of think about it and I think it does shape you it obviously has some sort of change or implication you know but ye you’re so busy at the time”</i></p>	<p><i>“I still go to counselling now, I’m very big into self-healing and self-care and how to look after yourself”</i></p>
<p><i>“Ye it’s just going to take me a while to settle and realise I can unpack my bag, like even with clothes my daughter had to tell me to take them out of the bag and put them away”</i></p>	<p><i>“I wouldn’t be able to now if I was put back in that situation, I don’t think I’d ever be able to keep positive, so I do think it affects people”</i></p>	<p><i>“I’ve dealt with so many people since working with the homeless the last few years (...)I wanted to help people, but I have to make people see the difference in helping yourself and getting out of poverty quicker”</i></p>

## **Discussion**

The aim of the research was to explore the lived experiences of homelessness seeking to understand how this impacts mental health. The study had three main areas of interest, the lived experiences of formerly homeless adults, the main outcomes on their mental health as a result of being homeless and how their mental health has changed since exiting homelessness. The research could not have completed without the formerly homeless individuals illustrating their experience of homelessness, along with the exploration into previous research in mental health and homelessness. The analyses revealed many patterns and themes along with significant findings five superordinate themes mentioned above., main findings will now be discussed.

### **Mental Health Issues**

Findings were compelling indicating not only did each participant suffer with mental health issues, their children reaped the effects also. In conducting research prior to this study common links were found with Homelessness and mental health (Bassuk, Rubin, & Lauriat, 1984; Scott, 1993) this research supports these studies given each participant suffered with their mental health on different scales. However, these findings were significant in the fact only one participant was suffering with such issues previous to becoming homeless, leading the overall conclusion that homeless was the cause of such issues.

### **Feelings of Homelessness**

Further advantages of this research include the awareness of how each individual feels while homeless, common themes emerged such as isolation and discrimination. Looking back through research, isolation was a theme which emerged from much research on homelessness, with many of these individuals isolating themselves from their parents and spouses (Solarz, A., & Bogat, G. A. 1990). Supporting previous findings, Billy had at one point chosen to become homeless, blocking out the people closest to him out, he would rather be homeless than rely on support and have to speak about the events that had tainted his childhood. As outlined in the literature review, stressful life events can play a huge role in homelessness, Muñoz, Panadero, Santos and Quiroga (2005) found a large subgroup of homeless participants were so as a result of stressful childhood events and alcohol abuse

much like Billy. The existence of such research indicates a need for varied interventions each individual case must be considered and adapted to.

### **The aftermath of homelessness**

Interestingly the main findings related to the impact homelessness had on mental health once housed, each participant continued to struggle with mental health issues indicating the effect last long term. Previous literature suggested once housed there are many individuals who experience a decrease in depressive symptoms and feel more hopeful or positive, however the majority continue to struggle with long term mental health issues (Patterson, Currie, Reznick & Somers, 2015). However, in contrast to this Ann could not settle in her new home and continued to feel extremely anxious, while Billy still attended counselling years later.

Although one participant, Peter, had recovered relatively well, reflecting on how far he had come since then and seemed overall satisfied. Correspondingly studies demonstrate an increase in satisfaction with quality of life once housed, unsurprisingly other factors such as family relationships also improved (Henwood, Matejkowski, Stefancic & Lukens, 2014) It is however, important to note the limitations of this study given the participants were all measured upon just coming out of homelessness therefore baseline of overall satisfaction was extremely low, further research is needed here.

### **Strengths of Study**

For many years research has focused on mental health as a cause of homelessness this research seeks to change the course of research and focus on the other side of this. The main strengths of conducting such an analysis as IPA was the rich insight into each participant lived experience and detailed accounts of homelessness. Unlike with quantitative rather than presenting numbers and percentages instead these participants voices have been heard and the findings speak for themselves. Although a small sample size there was still variety in the data, in terms of where each homeless person slept while homeless. The three participants experienced different circumstances with accounts of sleeping rough on the street, living in one room within a family hub and living in a hostel operated as emergency accommodation for the homeless. In regard to the sample there were two males and one

female ensuring sample was somewhat diverse. Furthermore, the study was useful in comparing modern day homelessness with previous homelessness given one experience occurred over thirteen years ago.

### **Weaknesses of the study**

Applying findings to the general population has longstanding been an issue in qualitative research given the small sample sizes, however in line with IPA recommendation of the three participants used such robust in depth data was gained rather than the quantity of individuals it came from. It must still be acknowledged that the age range was from 31-55 and it would be useful to include a younger population also. This was also a difficult area to discuss as many adults in this situation become quite vulnerable and develop lack of trust, there was a degree of difficulty in getting participants to open up on such personal subjects. Although the study sought to interpret the participants lived experience once asked about this many swayed off topic and continued into their life story, it was difficult to get some participants to speak about their mental health – more experienced interviewer would have been netter at intervening. This was also a difficult sample to gain access to took months of trying to get participants which impacted later stages of study.

### **Recommendations**

The studies finding reiterates the urgency for more housing in Ireland, there also needs to be more legislation in relation to the rental market in order to move away from privatisation and make more affordable public housing. In terms of services there needs to be more easily accessible and confidential services to deal with individuals who find themselves homeless, rather than allowing charities to step in and pick up the slack of the government. As outlined above one of the main issues with individuals is the lack of support in relation to their mental health, there need to be clearer guidelines and help for individuals in homelessness and options need to be there to help them deal with their mental health through an extremely stressful time.

### **Conclusion**

There is little known about the mental health outcomes of homelessness on adults, with numbers increasing month on month it's crucial within today's society to get some sort of handle on this crisis. This is no longer just a basic physical issue but also creating many issues and future issues to come. Considering almost 4,000 homeless are children, one can only begin to imagine the effect this



is having on their physical and mental health. This concept is no longer one which people can ignore and continue to think this will not happen to them given the mounting research above of today's modern homelessness it is becoming an increasing worry for many individuals. This paper sought to gain such an in depth understanding of each participant lived experiences, in order for findings to speak for themselves. This shows the true nature of how mental health can deteriorate, especially the longer a person remains homeless. As outlined further research is needed within Ireland, but huge change is needed not only within a theoretical capacity but more importantly in policy changes to deal with the homeless situation. If this was to increase within Ireland there will continue to be increasing number of people presenting with mental health issues and the mental health service as it stands are not equipped to deal with the numbers at present.

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## Appendices

### Appendix A

#### Information & Consent sheet

#### A study into the experience of formally homeless people and its impact on their mental health

My name is Danielle Quinlan and I am conducting research that explores experiences of homelessness and mental health impact on adults. The aim of the study is to gain a greater understanding of how homelessness may be affecting people's mental health and to try highlight this for future change.

You are invited to take part in this study and participation involves an interview that will run approximately 1 hour. Participation is completely voluntary, so you are not obliged to take part. If you agree to take part and any questions do raise difficult feelings, you do not need to answer that question and/or continue with the interview.

The interviews will be recorded on a mobile phone device and the recording along with any supporting documentation will be stored securely on a password protected computer.

Your participation in the study is completely confidential your name will be changed, and should you choose to have your interview removed from the study this can be done up until the research is published.

**It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study. You are also consenting to quotes from your interview being published in the study**

Should you require any further information about the research, please contact me on [REDACTED]@mydbs.ie or my lecturer Pauline Hyland on [REDACTED]@dbs.ie

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix B

### Interview Questions

1. Could you tell me about your experience of homelessness?
2. Could you describe the circumstances that led you to becoming homeless?
3. How did being homeless effect your everyday life?
4. How would you describe your mood during that time?
5. How do you think others saw you at the time, how would they describe you?
6. Where did you sleep while homeless?
7. What services were available to you to help with housing?
8. What services were available to you for mental health?
9. What is your opinion on what housing charities are doing to support people?
10. Could you share any significant issues they helped you deal with?
11. How difficult did you find the process of finding a home?
12. If you could compare your mental health to before and after being housed would you say its changed and if so how?
13. Why do you think there is an increase in people becoming homeless in Ireland?
14. In your opinion, is Irish society being proactive in its response to the current homeless issue?  
Why do you think that?
15. Do you have anything else you would like to add?

## Appendix C

### Debriefing information

As discussed, if this study has brought up any unwanted feeling please see the below contact details of support services available to you.

Aware 1800 804848

Samaritans 116 123

In regard to the information you have shared today this will be stored on a password protected computer and deleted once no longer needed. Your name will be changed in the published research paper to protect your anonymity. You also have the right to withdraw your information from the study up until the date of publication.

Many thanks for taking part in this study, I appreciate your time.

If you have any further questions do not hesitate to contact me on 085 [REDACTED] or [REDACTED]@mydbs.ie You can also contact my lecturer if needed [REDACTED]@dbs.ie

Kind Regards,

Danielle Quinlan



## Appendix D Participant Recruitment Poster

### Homeless Truths: A study into the mental health effects of homelessness in Ireland

**Final year psychology student  
looking for formerly homeless  
adults to take part in face to face  
interviews.**

**Interviews will look to discuss  
experiences and the effect  
homelessness had on mental  
health.**



- Participants must be over 18 and willing to share their experiences.
- All information shared will be confidential and participants will remain anonymous
- Full approval from Dublin Business school to conduct study
- The aim of the study is to gain better understanding of mental health effects & present findings for better mental health services to be implemented

**For more information or if interest in taking part,  
please contact Danielle on 085-7818896 or email**



Appendix E  
Introduction letter



Psychology Department  
School of Arts  
Dublin Business School  
Castle House  
73-83 South Great George's St.  
Dublin 2

9<sup>th</sup> October 2019

To whom it may concern

**Re: Permission to conduct research**

Danielle Quinlan is enrolled as a final year BA (Hons) in Psychology student at Dublin Business School. DBS psychology students are required to complete an independent research project during their final year of study. Danielle wishes to research 'the effects of homelessness on mental health', specifically interviewing individuals who are now housed on the previous experiences of homelessness.

All research conducted by final year students is done for the purpose of meeting course requirements. Results obtained will be used for assessment of the researching student's qualifications for receipt of a BA (Hons) in Psychology. Danielle currently seeking formal ethical approval from DBS ethics committee for research project and is requesting written permission, to recruit individuals associated with your charity. Following ethical approval she will be appointed a supervisor for her research, who will oversee and guide the project.

Please feel free to contact me regarding any questions about this research. Danielle [REDACTED] can also provide further details about how she will conduct her research study. Thank you for your time.

Yours Sincerely,

A handwritten signature in blue ink that reads 'Pauline Hyland'. The signature is written in a cursive style.

Dr Pauline Hyland  
Psychology Lecturer  
Head of Undergraduate Psychology Research  
Tel: [REDACTED]  
Email: [REDACTED]