Association Between Social Support and The Need for Psychiatric Services Among NYC

Homeless Seniors

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Social Work Research Proposal

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ASSOCIATION BETWEEN SOCIAL SUPPORT AND THE NEED FOR PSYCHIATRIC
SERVICES AMONG NYC HOMELESS SENIORS

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INTRODUCTION & BACKGROUND

Statement of the Problem

The population of homeless seniors that struggle with mental health issues can be as large as 26.2% of the population specifically dealing with severe mental illness and 34.7% with chronic substance abuse issues (SAMHSA, 2011). There is a need for providing psychiatric care to homeless seniors who are mentally ill, but there are challenges due to limited resources and access to healthcare. The research gathered partly focuses on the types of mental illnesses that homeless seniors normally face. Although mental health is many times the cause of individuals becoming homeless (Habanik, 2018), there are factors of homelessness that could be exacerbating these mental health problems as well. The problem of mental health for homeless seniors is significant in many areas but they still struggle to receive care (Johnson, 2022).

There are supportive approaches that have been used, involving housing programs, community outreach, and community organization collaboration, all working with and through mental health and primary care providers as well as homeless housing, to help the homeless that suffer from mental illness (American Psychological Association, 2015).

Homeless individuals who received substantial social support showed positive outcomes in various domains, including mental health, substance abuse, and housing stability (Smith et al., 2021). Despite the importance of social support, homeless populations often have limited access to such support (Jones & Brown, 2020). The more social support homeless individuals receive, the more willing they are to engage in services, which ultimately leads to a better quality of life (Johnson, 2019).

Significance of the Study

One gap in the existing literature is the lack of research focused specifically on the relationship between social support and the need for psychiatric services among homeless seniors with serious mental illness. While previous studies have explored various factors associated with the need for psychiatric services among homeless populations (Schanzer et al., 2007; Padgett et al., 2011), few have specifically examined the role of social support in this context. The limited research that does exist has primarily focused on younger homeless populations (Nyamathi et al., 2011; Wenzel et al., 2013) and has not sufficiently addressed the unique challenges faced by homeless seniors with serious mental illness.

The study's findings are expected to be useful in the development of interventions to enhance social support for homeless seniors with serious mental illness, leading to improved well-being and reduced need for psychiatric services. Furthermore, the study may inform policy and program decisions aimed at addressing the needs of this vulnerable population, potentially resulting in the allocation of resources to programs promoting social connectedness. Ultimately, the anticipated application of the study's findings is to improve the quality of life of homeless seniors with serious mental illness.

LITERATURE REVIEW

Increase of Elder Population in the U.S.

The elderly population is typically defined as individuals aged 65 years or older (U.S. Census Bureau, 2021). According to the Administration on Aging, there were over 56 million Americans aged 65 and older in 2020, representing 16.9% of the total population (Administration on Aging, 2020). The aging population is projected to continue growing, with estimates suggesting that by 2060, the elderly population will reach nearly 95 million (Ortman et al., 2014).

Mental Health Problems Among Elderly

Types of mental illness among elderly people, the cost that US society spends to prevent

In the United States, mental health disorders are a major public health concern among the elderly. Depression is the most common mental health disorder among older adults, affecting an estimated 6.5 million people aged 65 and up (NIMH, 2018). Anxiety disorders, bipolar disorder, schizophrenia, and dementia-related disorders like Alzheimer's disease are also prevalent in the elderly. These disorders can impair daily functioning, reduce the quality of life, and increase the risk of suicide (Centers for Disease Control and Prevention, 2021). In the United States, the cost of mental health treatment for older adults is substantial, with an estimated $71 billion spent in 2015 (Substance Abuse and Mental Health Services Administration, 2019).

Psychotherapy, medication management, and social support programs including community-based services such as case management, group therapy, peer support, and housing assistance are effective interventions for preventing and treating mental health disorders in the elderly. These evidence-based interventions have the potential to significantly reduce illness burden and associated costs (American Psychological Association, 2015). Addressing mental health disorders in the elderly is critical for promoting healthy aging and improving the overall well-being of older Americans.

Mental Health Problems Among Homeless Population

Mental health problems are prevalent among the homeless population, with rates of mental illness significantly higher among homeless individuals than in the general population (Fazel et al., 2008). Several studies have reported that over 50% of homeless individuals have a mental health

disorder, with depression, anxiety, and substance abuse being the most commonly reported

conditions (Teague & Mares, 2008).

Homeless individuals with mental health problems often face significant barriers to

accessing care, including a lack of financial resources, transportation difficulties, and stigma

associated with mental illness (Fazel et al., 2008). These barriers can make it difficult for homeless

individuals to receive the necessary treatment and support to manage their mental health conditions.

Psychiatric Service Needs for Homeless Seniors

Access to psychiatric services is a crucial aspect of geriatric mental health, particularly

among homeless elderly populations who may face additional barriers to accessing care. Research

suggests that homeless elderly individuals have high rates of mental illness, including depression,

anxiety, and substance abuse disorders, and may be at increased risk of suicide (Desai et al., 2017;

Voss et al., 2016). However, they face multiple barriers to accessing care, including lack of health

insurance, transportation difficulties, stigma, and limited availability of specialized geriatric mental

health services (O'Connell et al., 2018).

One study found that homeless older adults in New York City had significantly higher rates

of mental illness compared to their housed counterparts, but was less likely to have a regular source

of healthcare (Lee et al., N. D.). Additionally, the study found that among those who did access

psychiatric services, homeless elderly individuals were more likely to receive care in emergency

departments or hospitals, which may not be the most appropriate setting for ongoing mental health

management (Brown et al., 2018).

The lack of accessibility to psychiatric services among homeless elderly individuals can

have significant consequences, including increased healthcare costs, decreased quality of life, and

higher morbidity and mortality rates. Therefore, improving access to mental health services for this

vulnerable population is essential. Some potential interventions proposed to improve access to care

for the homeless elderly include developing specialized geriatric mental health services, using

telemedicine and mobile health technologies, and increasing collaboration between mental health

providers and homeless services organizations (O'Connell et al., 2018).

Although psychiatric services, including medication management and therapy, have been

shown to improve mental health outcomes among this population, the current system has

weaknesses such as relying on emergency departments and hospitals as primary sources of care and

difficulties in adherence to medication regimens due to unstable living situations (Brown et al.,

2018).

Social Support and Mental Health Outcomes

Social support is known to play a significant role in mental health outcomes. It has been

linked to reduced symptoms of depression and anxiety, improved quality of life, and decreased use

of psychiatric services. A systematic review by Santini et al. (2021) found that social support was

associated with a reduced risk of depression and anxiety in older adults. Similarly, a study by Zhang

et al. (2020) found that social support was associated with lower rates of psychiatric hospitalization

among people with SMI.

Social support, defined as the availability and receipt of assistance from others, has been

recognized as a crucial factor in promoting mental health and well-being (Cohen & Wills, 1985;

Sarason et al., 1987). To measure an individual's perception of social support, the Multidimensional

Scale of Perceived Social Support (MSPSS) has emerged as a widely used tool in social sciences

research.

The MSPSS, developed by Zimet et al. (1988), is a 12-item self-report questionnaire that assesses perceived social support from three sources: family, friends, and significant others. Each subscale consists of four items, rated on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The scale has demonstrated good reliability and validity in various populations and cultural contexts (Zimet et al., 1988; Dahlem et al., 1991; Lee, 2014).

Social support may act as a protective factor against the need for psychiatric services among homeless populations. The study by Schanzer et al. (2007) found that individuals who had social support, regardless of whether it was increased or substantial, were less likely to need mental health services even after controlling for other variables such as substance abuse and mental health diagnoses. This suggests that having any form of social support, whether it is increased or substantial, can be beneficial in reducing the likelihood of needing mental health services. Social support can come from various sources, such as friends, family, community, and professional networks, and can provide individuals with emotional, informational, and tangible resources that can buffer against the negative impacts of stress and improve mental well-being. Similarly, a study by O'Connell et al. (2015) found that homeless individuals who had more social support were less likely to use emergency department services for mental health problems.

The stress and coping model, proposed by Lazarus and Folkman in 1984, emphasizes the role of social support as a coping mechanism for individuals facing stress or adversity. Social support can be provided in various forms, including emotional support (e.g., empathy, listening), instrumental support (e.g., tangible help, advice), and informational support (e.g., guidance, feedback).

PURPOSE OF THE STUDY

ASSOCIATION BETWEEN SOCIAL SUPPORT AND THE NEED FOR PSYCHIATRIC
SERVICES AMONG NYC HOMELESS SENIORS

The purpose of this study is to investigate the association between social support and the need for psychiatric services among homeless seniors in New York City. The study aims to determine if social support can act as a protective factor against the need for psychiatric service, even after controlling for sociodemographic confounding variables. By understanding this association, the study may help identify potential interventions that can improve the mental health outcomes of homeless seniors with serious mental illness. Therefore, the research question of this study is as follows: What is the effect of social support on the need for psychiatric services among homeless seniors, controlling for sociodemographic factors?

METHODS

Research Design

The study will use a quantitative research design, collecting data from a sample of homeless seniors in NYC. The data will be analyzed using multiple logistic regression analysis, controlling for potential confounding variables. The study aims to contribute to the understanding of the role of social support in the management of mental illness among vulnerable populations and inform policy and intervention efforts aimed at addressing the mental health needs of homeless seniors in NYC.

Data Collection

Data for this study will be collected using a combination of self-administered questionnaires and medical record reviews. The self-administered questionnaires will be administered in person by trained research assistants who will meet with participants at designated locations such as homeless shelters and community centers. The medical record review will be conducted by accessing the electronic medical records of participants.

The strength of using self-administered questionnaires is that it allows participants to answer questions independently, without an interviewer, which may increase the likelihood of more honest and accurate responses. Additionally, this method enables researchers to collect data from a large number of participants in a relatively short amount of time. Medical record reviews offer the benefit of collecting objective data on medical diagnoses, treatments, and utilization of services, which can complement self-reported data.

However, there are also limitations to using self-administered questionnaires. Some participants may have difficulty reading or understanding the questions, which could result in missing data or inaccurate responses. Additionally, participants may not be willing or able to provide accurate information about their mental health symptoms or service utilization. Medical record reviews may also have limitations, such as incomplete or inaccurate documentation, which could impact the validity and reliability of the data collected.

Overall, the data collection plan for this study has strengths and limitations, as with any research design. However, efforts will be made to mitigate the limitations by providing clear instructions, pre-testing the survey instrument, training research assistants, and reviewing medical records for completeness and accuracy. The strengths of the plan, including the use of both self-administered questionnaires and medical record reviews, will provide a more comprehensive understanding of the research question.

Measurements and Variables

In this study, the primary factors being examined are the impact of social support on the need for psychiatric services. The independent variable, social support is evaluated using the Multidimensional Scale of Perceived Social Support. The dependent variable is the need for

psychiatric services, which is measured using a yes/no questionnaire. Additionally,

sociodemographic variables such as age, sex, and race/ethnicity are used as controlling variables to

account for any potential confounding effects on the results.

The Multidimensional Scale of Perceived Social Support (MSPSS) will be used to measure

social support. The MSPSS is a 12-item questionnaire that assesses the perceived availability of

support from family, friends, and significant others. Each item is rated on a 7-point Likert scale,

ranging from 1 (very strongly disagree) to 7 (very strongly agree). The total score ranges from 12 to

84, with higher scores indicating higher levels of perceived social support. The MSPSS has been

shown to have good internal consistency, test-retest reliability, and construct validity (Zimet et al.,

1988). Strengths of the MSPSS include its ease of administration and strong psychometric

properties. Limitations include the reliance on self-report and the potential for response bias.

Yes/No questionnaire responses will be used as a measure of the need for psychiatric

services. Data will be collected from medical records and self-report.

The main limitation of using the Yes/No response questionnaire as a measure of the need for

psychiatric service is that it may not capture all aspects of mental health needs, such as the severity

of symptoms. Additionally, self-report data may be subject to recall bias.

Questions included in a self-report questionnaire to operationalize the need for psychiatric

services:

1. Have you received mental health treatment or counseling in the past 6 months?

2. Have you been hospitalized for a mental health issue in the past year?

3. Have you visited an emergency department for a mental health issue in the past year?

4. Have you been prescribed medication for a mental health issue in the past year?

5. Have you missed any scheduled appointments with a mental health provider in the past 6
   months?

6. Have you experienced any suicidal thoughts or behaviors in the past year?

7. Have you experienced any symptoms of depression or anxiety in the past month?

8. Have you felt like you needed more help for your mental health than you are currently
   receiving?

9. How often have you needed to seek help for mental health issues in the past year?

10. How satisfied are you with the mental health services you are currently receiving?

Sociodemographic variables will also be collected from medical records and self-report

Conceptualization	Operationalization
Need for psychiatric service (Dependent Variable) The need for psychiatric services refers to the demand or requirement for mental health services to address the mental health needs of individuals or populations. Mental health encompasses the emotional, psychological, and social well-being of a person and is essential for overall health and functioning. When individuals experience mental health challenges, such as mental illnesses, emotional distress, or psychological difficulties, they may require psychiatric services to assess, diagnose, treat, and manage their mental health conditions.	**"Need for psychiatric services"** is a subjective construct that may not have a universally accepted definition or measurement. However, there are some potential ways to operationalize this construct in a research study Self-report measures: Use self-report measures to assess individuals' subjective perception of their need for psychiatric services. This involves asking participants with the questionnaire to rate their perceived need for psychiatric services on a Yes/No scale response.
Social Support (Independent Variable) Social support refers to the perceived availability and adequacy of	**Social support:** Social support can be operationalized by using Multidimensional Scale of Perceived Social Support (MSPSS).

emotional, informational, and tangible resources from one's social network (Cohen & Wills, 1985). This includes support from family, friends, and significant others, as well as from professionals such as case managers or shelter staff. **Support level** refers to the degree of social support for NYC homeless seniors.	These scales measure the perceived level of social support from family, friends, or the community and provide quantitative scores that can be used in statistical analysis. The MSPSS is a 12-item questionnaire that assesses the perceived availability of support from family, friends, and significant others. Each item is rated on a 7-point Likert scale, ranging from 1 (very strongly disagree) to 7 (very strongly agree). The total score ranges from 12 to 84, with higher scores indicating higher levels of perceived social support.
Sociodemographic Factors (Control Variable) Sociodemographic factors refer to various characteristics of a population or a group of people that are related to their social and demographic characteristics. These factors provide insights into the composition and characteristics of a population and can help in understanding their behaviors, preferences, and needs. Some common sociodemographic factors include: age, gender, race, ethnicity, education level, income, religion	**Sociodemographic Factoring:** Sociodemographic factors can be operationalized by collecting self-report data on age, gender, race, ethnicity, education, income, and housing status. These variables can be assessed using closed-ended questions, such as "What is your age?", "What is your gender?", "What is your race?", "What is your ethnicity?", "What is your highest level of education completed?", "What is your annual income?", and "What is your religion?".

Sampling

The study aims to explore the need for psychiatric services among homeless seniors in New York City. The target population for this study is individuals aged 65 years or older who are homeless and residing in New York City. The study population will comprise homeless seniors who have received psychiatric services at clinics or have been referred to psychiatric services in New York City.

The sample size for this study will be determined based on power analysis and sample size calculation. The researchers aim to achieve a sample size large enough to detect significant differences in the need for psychiatric services between homeless seniors with and without social support. Based on previous studies, the minimum sample size required is 200 participants.

The sampling design for this study will use a non-probability convenience sampling approach. The participants will be recruited from psychiatric clinics and through referrals from healthcare professionals and community organizations that serve homeless seniors.

To be eligible for participation in this study, the individuals must meet specific criteria. These include being 65 years or older, homeless or at risk of homelessness, and capable of providing informed consent. Additionally, individuals who have a history of psychiatric service use will be included in the study.

The main strengths of this sampling plan are that it enables the recruitment of a diverse and representative sample of homeless seniors in New York City. By utilizing convenience sampling, the study can recruit participants from multiple sources and locations, which increases the likelihood of a diverse sample. Additionally, including participants with a history of psychiatric service use ensures that the study can capture data on the impact of social support on the need for psychiatric services.

However, the main limitation of this sampling plan is that it may not be representative of the entire homeless senior population in New York City. Participants recruited through psychiatric clinics or healthcare professionals may have different characteristics and service utilization patterns than those who do not seek psychiatric care. Therefore, the results of this study may not be generalizable to all homeless seniors in New York City.

Statistical Analysis

In this study, the proposed statistical analysis will involve multiple logistic regression

analysis to determine the effect of social support on psychiatric service utilization among homeless

seniors with serious mental illness in NYC, while controlling for sociodemographic factors.

Multiple logistic regression analysis is a statistical technique that examines the relationship between

a dependent variable (in this case, psychiatric service utilization) and one or more independent

variables (in this case, social support and sociodemographic factors).

The multiple logistic regression analysis will involve constructing a model that includes the

dependent variable and independent variables and estimating the coefficients of the independent

variables that predict the dependent variable. The analysis will test the significance of the

coefficients and their effect size, which will indicate the strength and direction of the relationship

between social support and psychiatric service utilization while controlling for other relevant

factors.

LIMITATIONS

Because of the nature of this study, it is subject to limitations. Results are dependent on the

distribution of survey data, as well as the responses of the participants. Additionally, researchers

must be aware that the sampling may or may not be entirely representative of the study population,

which can create a bias. Physical or psychological factors and hazards are considered as well in the

study. The environment may impact participants' responses to the questionnaire. The proposed

design is suitable for the research question, but it has limitations in that it cannot capture the

complexity of the social and contextual factors that may influence social support and psychiatric

service utilization. Qualitative research may provide more in-depth insights into the experiences of

homeless seniors with serious mental illness and the role of social support in their lives.

Alternatively, a longitudinal design may allow for the examination of changes in social support and

psychiatric service utilization over time, providing a more comprehensive understanding of the

relationship between the two variables.

CONTRIBUTION TO BEST PRACTICES

It is expected that social support will have a significant effect on the need for psychiatric

services among homeless seniors with serious mental illnesses. This study's findings could

potentially inform social work practice in several ways. First, the results could help social workers

identify the importance of social support for homeless seniors with mental illness and develop more

effective interventions to increase social support. Additionally, the findings could inform the

development of policies that increase funding for programs that provide social support for homeless

seniors.

The study's results could also be presented at professional conferences and published in

academic journals to disseminate the findings to a wider audience of researchers, practitioners, and

policymakers. The study's potential implications and meaningfulness for social work/sociology

include a better understanding of the importance of social support for homeless seniors with mental

illness and the potential for social support programs to reduce the need for psychiatric services.

Furthermore, the study's findings could potentially contribute to the identification of best

practices for providing services to homeless seniors with mental illness. By identifying the factors

that influence the need for psychiatric services, social workers can develop evidence-based

interventions that address the specific needs of this vulnerable population. Overall, this study has

the potential to inform social work practice, research, and policy and contribute to the development

of effective interventions for homeless seniors with serious mental illness.

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APPENDICES

<u>APPENDIX A</u>

INFORMED CONSENT FOR RESEARCH PARTICIPATION

TITLE OF RESEARCH STUDY
Association Between Social Support and The Need for Psychiatric Services Among NYC Homeless
Seniors

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PURPOSE OF THIS RESEARCH STUDY

You are being asked to participate in a research study. Before you decide if you will participate in
this study, please read the following information completely and carefully. It is important that you
understand why the research is being done. If you have any questions or if there is anything that you
do not understand, please be sure to ask the researcher.

The purpose of this study is to investigate the association between social support and the need for
psychiatric services among homeless seniors in New York City. The study aims to determine if
social support can act as a protective factor against the need for psychiatric service, even after
controlling for sociodemographic confounding variables. By understanding this association, the

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study may help identify potential interventions that can improve the mental health outcomes of
homeless seniors with serious mental illness.

STUDY PROCEDURES (What we will do)

1. Participant recruitment: The study will aim to recruit homeless seniors aged 65 or older from
    homeless shelters, soup kitchens, and other community-based organizations in New York
    City. Recruitment methods may include flyers, word of mouth, and outreach efforts.

2. Data collection: Participants will complete a cross-sectional survey that collects data on
    social support, psychiatric service utilization, and sociodemographic factors. The survey
    may be administered through face-to-face interviews, self-administered questionnaires, or a
    combination of both, depending on the preference and ability of the participants.

3. Measurement of variables: The measurement of variables in the study will include assessing
    the level of social support received by participants using established scales that measure
    emotional, informational, and tangible support from family, friends, or the community.
    Additionally, data will be collected on the frequency of psychiatric hospitalizations,
    emergency room visits, and outpatient appointments in the past year to assess psychiatric
    service utilization. Sociodemographic factors, such as age, gender, race, and ethnicity, will
    also be collected through the survey.

4. Data analysis: The collected data will be analyzed using statistical software, and multiple
    logistic regression analysis will be used to examine the relationship between social support
    and psychiatric service utilization, controlling for sociodemographic factors. Subgroup
    analyses will also be conducted to explore potential variations in the relationship to different
    sociodemographic factors.

4. Ethical considerations: The study will adhere to ethical guidelines for research involving
    vulnerable populations. Informed consent will be obtained from all participants, and steps
    will be taken to ensure participant confidentiality and privacy.

5. Data interpretation and dissemination: The findings of the study will be interpreted in light
    of the research question and hypothesis. The implications of the findings will be discussed in
    the context of existing literature and recommendations for future research and practice. The
    results will be disseminated through publications in peer-reviewed journals, presentations at
    conferences, and other appropriate channels to reach relevant stakeholders, including
    researchers, policymakers, and service providers.

RISKS
There are no risks involved in this research study. You may decline to answer any or all questions
and you may terminate your involvement at any time if you choose.

BENEFITS

ASSOCIATION BETWEEN SOCIAL SUPPORT AND THE NEED FOR PSYCHIATRIC
SERVICES AMONG NYC HOMELESS SENIORS

Your participation will help create a program that is beneficial to the homeless senior population in
NYC. Overall, this study has the potential to inform social work practice, research, and policy and
contribute to the development of effective interventions for homeless seniors.

CONFIDENTIALITY
All responses received will be completely anonymous. Please note that your personal information
is not requested anywhere on this form.

CONTACT INFORMATION
If you have questions at any time about this study, you may contact the researcher whose contact
information is provided on the first page.

VOLUNTARY PARTICIPATION
Your participation in this research study is voluntary. If you decide to take part in this study, you
will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw
at any time and without giving a reason.

CONSENT
I read___ and I understand ____the information provided. I understand that my participation is
voluntary and that I am free to withdraw at any time, without giving a reason and without any
repercussions. I understand that I will be given a copy of this consent form. I voluntarily agree to
take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____Date_____

<u>APPENDIX B</u>

Alliance University
2 Washington Street
New York, New York 10004
212.625.0500

Alliance University is a private Christian university affiliated with the Christian and Missionary
Alliance and located in New York, New York. The facility is open 6 days a week from 9:00 am
until 9:00 pm.

Contact Person:

Dr. Ingyu Moon (XXX) XXX-XXXX

ASSOCIATION BETWEEN SOCIAL SUPPORT AND THE NEED FOR PSYCHIATRIC
SERVICES AMONG NYC HOMELESS SENIORS

Dr. Moon is a professor of social work research at Alliance University. He will review the results
of the research study and determine the extent to which these results can be applied to the Jennings
Program.

Dr. Moon, a research expert, will provide supervision for all phases of the research, assuring that all
data and methodologies are correctly applied.

Should any further information be required please contact one of the above-referenced individuals.

Sincerely,