Research Brief:

Examining Social Support in a Rural Homeless Population¹

Overview:
- Among study participants participating in a rural comprehensive services program, those reporting depressive symptoms or anxiety were more likely to report no self-help group attendance.
- Among homeless study participants, non-religious self-help group attendance and higher education levels were associated with increased social supports.

Study:
This study aimed to examine the relationship between social support systems and various health factors of people experiencing homelessness. The study looks at the impact of social support systems on substance use, mental and physical health, and co-occurring disorders as well as the impact of these factors on an individual’s social support system. They looked at two kinds of social support: family/friend social support and self-help group social support.

The researchers identified 96 participants for this study who were receiving comprehensive services at a homeless services center in Kentucky. The researchers used data gathered from an evaluation of enhanced substance use treatment and mental illness services at this center, using the Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) tool. The GPRA measured social support as well as substance use, mental and physical health, and demographics.

The study sample had an average age of 36 years, was overwhelmingly female (74 percent) and nearly half separated/divorced/widowed (47 percent). This sample had an unemployment rate of 80 percent. Over half of the study sample reported alcohol use for, on average, 28 days during the last six months. Study participants reported high levels of depression and anxiety (63 percent and 72 percent, respectively).

Findings:
Study participants reporting depressive symptoms were more likely to be found in the no self-help group than in the self-help group (70 percent and 30 percent). Study participants reporting anxiety were also likely to report no self-help group attendance in the last 30 days. Researchers found that, among the study sample, higher education was associated with more social support from family and friends.

NVTAC Insights:
The results of this study highlight some of the day to day realities you experience with veteran participants in your HVRP: social isolation can have negative impacts on functionality and outcomes, and homelessness can exacerbate isolation, especially for veterans in rural areas. On the converse side, having social support through self-help groups or family and friends can positively impact anxiety and depressive symptoms.

This study found that individuals with higher levels of education had more social support. Veterans in your HVRP who have had long or episodic episodes of homelessness, who have moved at unpredictable intervals, or who have fractured friend and family support networks for other reasons could benefit from self-help groups that step in as an alternate form of social support.

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When reviewing drug and alcohol use within the last thirty days, researchers found a positive association between social support from family/friends and drug use. Those who reported social support from family/friends in the last 30 days used illegal drugs an average of 60 days in the last six months, compared to 24 days among those who reported no social support from family/friends. Likewise, the same relationship held for opioid use. When researchers looked beyond the 30 day mark, they found that those who received social support were more likely to report more days of benzodiazepine use than those with no social support.