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Homeless Persons' Interest in Basic and Health Services: The Role of Absolute, Relative, and Repressed Needs

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This study describes and explains the interest of homeless persons in housing, economic, and health-related services with intake interview data collected by a large urban shelter for single adults. Shelter guests were most interested in assistance with housing, job, and economic benefits, rather than health services. Three explanations of variation in service interests are identified: the "absolute needs" explanation expects service interests to vary directly with service needs, the "repressed needs" explanation expects service interests to vary inversely with alcoholism and mental illness, while the "relative needs" explanation expects interest in health-related services to be related to health needs, but only after basic needs are satisfied. The "absolute needs" explanation receives the strongest support.

Although most researchers and service providers recognize the diversity of homeless persons' characteristics and the gravity of their needs, disagreement continues about appropriate service delivery policies. Differing beliefs about homeless persons' service interests are one source of this disagreement: some argue that services may be rejected due to chronic mental illness and/or substance abuse; others believe that basic survival and safety needs must be met before health-related services will be accepted; some view service interests as direct indicators of service needs.

This paper investigates homeless persons' interests in six services, ranging from help with housing to mental health care. Three alternative perspectives on service interests are distinguished conceptually and then evaluated empirically. The analysis uses data collected from homeless persons entering a large urban shelter.

Service Interests

Three recent studies have explored homeless adults' service interests, but with diverse methods and discordant results. Two of the three studies resulted in similar descriptions of the level and ordering of needs among homeless adults. About three-quarters of homeless persons interviewed in Boston sought help with housing, about half sought help with obtaining a job, food, clothing, financial benefits or dental care, 40 percent sought medical help, 30 percent sought help with an alcohol or drug problem and 20 percent expressed an interest in mental health care (Mulkern and Bradley, 1986). Homeless persons who frequently used mental health services in San Francisco (Ball and Havassy, 1984) were most likely to be interested in affordable housing (86%) and financial entitlements (74%); just under half sought employment (40%); smaller proportions were interested in social contacts (32%), food (19%), alcohol cessation (18%) and supportive counseling (14%).

Linn and Gelberg (1989) measured five self-reported needs of homeless adults in two California beach communities and found markedly different preferences. Respondents placed the highest priority on good health; the priority given to a steady source of money and a permanent job was somewhat lower, while few attached as high a priority to a permanent home or regular meals.

The divergent findings of these studies of homeless persons' service interests are not easily reconcilable, although measurement and sampling differences undoubtedly were in part responsible. In any case, although two studies reported some bivariate correlations, none attempted to conceptualize or test alternative explanations of service interests.

An individual's interest in a particular social or health service is a product of both her need for assistance of that type and of her perception of that need; for example, an individual's desire for health care reflects both the presence of a health problem and feeling of need for help with that problem. The question is to what extent the perception of need reflects the level of need.

Repressed Interests. Service interests are an unreliable indicator of service needs if these interests are diminished by mental illness or alcoholism. To the extent that homeless persons with these health problems refuse aid and "migrate toward the crevices of the cities" to avoid it, service delivery is impaired (Drake and Adler, 1984).

Seriously mentally ill persons may experience a variety of impairments, ranging from disorganized behavior to social withdrawal, that reduce interest in and ability to seek social and health services (Bachrach, 1986; Crystal, Ladner and Towbee, 1986; Lamb and Talbott, 1986; Segal and Baumohl, 1980). Prior unpleasant experiences with hospitalization or psychotropic medications as well as the experience of homelessness itself confound the problem (Kellerman et al., 1985).

Alcoholism, arguably the most prevalent health problem among the homeless, is associated with a negative self-concept and a primary focus on drinking (Fischer and Breakey, 1987; Kaufman, 1984; Morgan et al., 1985). Disinterest in long-term treatment is common (Morgan et al., 1985). Persons suffering from both mental illness and alcoholism seem to be particularly treatment resistant (Schutt and Garrett, 1988).

Relative Interests. Maslow's (1954) formulation of a hierarchy of needs parallels one common explanation of variation in homeless persons' service interests (Baxter and Hopper, 1984): Security and safety needs must be satisfied before people respond to such higher order motivations as social status and intrinsically interesting work.

In studies of homeless persons' it often has been argued that basic needs for food and shelter must be met before efforts to improve mental health or reduce substance abuse will be accepted:

> Linkage to services holds virtually no meaning when immediate survival remains under constant threat. . . . A residence is the base from which social and clinical needs can be addressed simultaneously. (Baxter and Hopper, 1984:119)

Absolute Needs. Although all homeless persons experience substantial deprivation, their needs vary markedly; if service

interests are not altered by competing needs or suppressed by mental illness or substance abuse, service interests will vary directly with these needs. The severity of housing needs themselves are variable, being most severe among those chronically homeless (perhaps one-quarter of the homeless) and least severe among those only temporarily homeless (Institute of Medicine, 1988). Financial resources and health problems also vary among homeless persons. (Farr et al., 1986; Robertson and Cousineau, 1986; Rossi and Wright, 1987; Rossi et al., 1986; Wright et al., 1987).

Six hypotheses represent these three different perspectives on the correlates of homeless persons' service interests:

Repressed Needs

(1) The greater the level of mental illness or alcoholism, the less the level of interest in services of any kind.

Relative Needs

(2) The greater the basic needs, the greater the interest in basic services.
(3) The greater the basic needs, the less the interest in services for help with a drinking or psychiatric problem.
(4) For those whose basic needs are not met, interest in health services does not increase with health needs; for those whose basic needs are met, interest in health services increases with health needs.

Absolute Needs

(5) The greater the basic needs, the greater the interest in basic social services.
(6) The greater the level of psychiatric or substance abuse problems, the greater the interest in related health services.

Figure 1 summarizes these predictions.

Findings

Variation in Service Interests

Service interests varied substantially across the specific service areas, from a high of 86 percent expressing interest in

Figure 1

Three Explanations of Service Interests

		Interest in: Basic Service	Alc, Psy. Service
Absolute:	Basic needs	+	0**
	Alcohol, psych problems	0	+
Relative	Basic needs	+	–
	Alcohol, psych problems	0	0/+*
Repressed	Basic needs	0	0
	Alcohol, psych problems	–	–

*Hypothesis 4. **No relationship predicted.

Table 1

Interest in Services

Service	Yes	(N)	Yes*
Housing	86%	(337)	70%
Job Opps.	62%	(328)	49%
Benefits	59%	(291)	42%
Nurse/Physical	43%	(334)	35%
Alcohol	17%	(318)	22%
Mental Health	16%	(337)	19%

*N=414 (no answer included in base)

help with housing to a low of 16 percent expressing interest in mental health services (table 1). Overall, interest in receiving help with housing, employment and benefits was higher than interest in receiving help with the health problems of physical illness, alcoholism, or mental illness. Within the basic economic needs, help with housing was of more interest than help with a job or benefits; within the health needs, seeing a nurse for a physical problem was of more interest than help with an alcohol or psychiatric problem. This distribution of service interests is almost identical to that reported by Mulkern and Bradley (1986)

from their one-night survey of guests at two large shelters in the city (one of which was the shelter in this study).

Correlates of Interest in Services

Zero-order correlates of interest in the different services tended to conform to the absolute needs predictions (table 2). Desires for help with benefits and with employment were higher among those without either; in addition, desire for help with securing benefits was associated positively with degree of difficulty in affording things. Those who had usually been sleeping on the streets or in shelters were more interested in help with benefits and in help with housing (although the latter correlation was not statistically significant), while those who had usually been living in hotels or other marginal accommodations were less interested in help with finding housing.

Interest in help with each health problem increased with the corresponding indicator of the occurrence of this problem. In addition, interest in help with a drinking problem was greater among those who reported a physical health problem.

Each of the service interest variables also was correlated with indicators of other types of needs: Prior residence on the streets or in shelters, length of time homeless, and difficulty in affording things were each associated with more interest in help with a physical health problem, a mental or nervous problem, and a drinking problem. Interest in help with a drinking problem was higher among those without a job or other financial benefits. Interest in help with housing, benefits and job opportunities were each correlated with indicators of one or more health problems. These additional correlations indicate the importance of controlling for additional influences in order to test for the independence of the effects of the need indicators on interest in the corresponding services.

Regression Analyses

Regression analyses were used to evaluate the degree to which the different needs and demographic characteristics contribute independently to service interests.

Interest in help with finding housing bore the least relation to the independent variables (see table 4). Blacks and Hispanics

Table 2

Correlations of Service Interests with Need Indicators

	Need Indicators				
	Greater	Usually Slept		Length	
Service Interests	Diffity Afford	Hotels (Marginal)	Shelter, Streets	of Time Homeless	No Job or Benefits
Housing	.00(304)	−.15(324)**	.09(324)	.07(313)	.01(324)
Benefits	.31(259)***	−.01(281)	.14(281)**	.06(265)	.10(282)*
Job Opps.	.06(277)	.05(319)	.06(319)	.06(301)	.20(322)***
Nurse	.12(293)**	.03(319)	.21(319)***	.14(308)*	.01(321)*
Alcohol	.10(281)*	.06(308)	.15(311)**	.16(292)*	.15(311)***
Psych.	.12(293)*	−.06(325)	.23(325)***	.14(310)*	−.04(326)*

Service Interests	Physical Illness	Drinking Problem	Psychol. Treatment	Psychol.+ Drink
Housing	.16(261)**	−.01(336)	−.00(312)	−.03(329)
Benefits	.16(220)**	.11(291)*	.04(262)	.09(279)
Job Opps	.04(263)	.05(328)	−.16(289)**	−.15(316)*
Nurse	.40(262)***	.09(334)	−.04(306)	−.08(324)
Alcohol	.12(237)*	.73(318)***	.01(294)	.33(312)***
Psych.	−.02(258)	.02(337)	.38(314)***	.12(331)*

*p <= .05 **p <= .01 ***p <= .001

and those with physical health problems were more interested in help with housing than others, while those who had previously slept in hotels and other marginal accommodations were less interested in help with finding housing.

Interest in help with financial benefits was greater among those who lacked either benefits or a job and among those who reported difficulty in affording things. Those who reported physical health problems and drinkers who had been treated for a psychiatric problem were also more interested in help with benefits. Women and drinkers who had been treated for a psychiatric problem were less interested than others in help with finding a job.

Table 3

Regression Analyses of Service Interests

	Service Interests (Betas)					
	House	Benef	Job	Nurse	Alcl	Psych
Stability						
Diff. Afford	.01	.29***	.05	−.02	.05	.06
No Benef/Emp.	−.01	.16*	.12	−.06	.13	−.01
Slept(marginal)	−.16*	−.01	.15	−.04	−.05	.01
Slept(shelter)	−.01	−.01	.14	.22**	−.08	.20*
Length	.11	.05	.02	.05	.09	.00
Health						
Health Prob.	.17*	.21**	.05	.33***	.08	−.08
Drinking	−.00	−.05	.06	.03	.73***	.14
Psych.	.05	.02	.03	−.06	.08	.34***
Psych+Drink	−.02	.21*	−.27**	−.16	−.05	−.14
Social Background						
Age	−.07	−.02	−.13	.07	−.09	−.08
Sex(F)	.01	.01	−.20*	−.04	.02	.07
Race(M)	.16*	.14	−.14	.07	.03	.03
Scl.Supp.	−.09	.07	−.02	.06	.01	−.17*
R^2	.09	.26	.20	.23	.55	.19
Adj. R^2	.02	.20	.13	.18	.51	.13
N	190	156	179	193	174	188

[a]Interest scores reverse coded: higher scores represent more interest.
*p <= .05 **p <= .01 ***p <= .001

Prior residence on the streets or in shelters and experiencing a physical health problem both increased interest in help with a physical health problem.

More of the variance in interest in help with a drinking problem was explained by the additive regression model than was true for any other dependent variable, but this was due almost entirely to the effect of presence of a drinking problem. The correlations of interest in help with a drinking problem with sociodemographic characteristics, residential status and economic need are thus explained by their association with

likelihood of having a drinking problem. No significant interaction effects were identified.

Interest in help with a mental health problem increased with prior residence on the streets or in shelters as well as with prior treatment for a mental health problem; it decreased with number of potential social supports. No significant interaction effects were identified.

Discussion

Homeless adults' interest in services varied between types of services and, for each type of service, between homeless individuals. This variation and the reasons for it have important implications for social service policy.

Understandably, the most widely shared perceived need was for help with housing; next in importance were help with jobs and benefits, followed by interest in help with physical health problems and then interest in help with a drinking or mental health problem. This pattern underscores the importance of basic economic needs in efforts to respond to the problems of the homeless and the lack of perceived need of many homeless persons for health services.

The regression analyses of interest in health services yielded strong support for the absolute needs explanation of variation in service interests. Desire for help with each of the three health problems was associated directly with indicators of the corresponding health problems; in fact, crosstabular analysis (not reported here) revealed that the presence of a health problem was a necessary, though not sufficient condition for expression of interest in help with that problem.

The absolute needs explanation received less support in the regression analyses of interest in basic services. Interest in help with securing benefits varied directly with both indicators of financial need, but interest in help with finding a job did not. Homeless persons who had usually slept in hotels or other marginal accommodations were less, rather than more interested in help with finding housing; those who had usually slept in shelters and in the streets did not evince a particular interest in help with finding housing.

Several relationships were not predicted by any of the three perspectives, but suggest important directions for further research. The associations of usual residence on the streets or in shelters with greater interest in physical health and mental health services is consistent with the assumption that health problems increase with homelessness. Although these effects were independent of the indicators of health status used in this study, they may capture additional variation in physical and mental health that is not tapped by the crude health status indicators used.

Imperfect measures of health status may account for the continued effect of some variables in the regression analyses of interest in health services. The only available indicator of need for mental health services was prior treatment for mental illness; this is a crude measure that does not capture fully the variation in mental illness at the time the interviews were conducted. Unmeasured variation in mental illness may account for the continued effects of prior street/shelter residence and lack of social supports in the regression analysis—both of these variables are associated with mental illness. A similar argument can be made with respect to interest in seeing a nurse about a physical health problem. By contrast, the only variable having an independent effect on interest in help with a drinking problem was the indicator of alcoholism/alcohol abuse—the most reliable of the three health status indicators.

The hierarchy of needs perspective predicted that interest in help with health problems would vary inversely with basic economic problems. This prediction was not supported for any of the three health-related help variables. The hierarchy perspective also hypothesized that those with health problems would be less interested in help for those health problems when basic economic needs were not addressed; this prediction of an interaction effect also was not supported.

The "repressed needs" explanation of service interests also fared poorly in the analysis. Only in the case of interest in help with finding work was the predicted relationship found: Respondents with a drinking problem and prior treatment for mental illness were less interested. Although the coefficients representing the effects of dual diagnosis on interest in help

with physical and mental health problems were not statistically significant, they were both in the direction predicted by the repressed needs perspective. However, the individuals who were likely to be mentally ill alcoholics were more, rather than less interested in help with obtaining economic benefits.

Broad social patterns based on residential discrimination and sex roles are likely to account for the influence of race and sex, respectively, on interest in help with finding housing and a job.

Conclusions

Mental health practitioners have been cautioned to expect resistance to mental health care among homeless persons with psychiatric problems, due to prior negative treatment experiences as well as the nature of chronic mental illness. This study does not support that expectation for persons using a shelter that offered health services: The findings indicate that interest in social and health services,, when expressed in a supportive environment, can be considered a useful guide for determining which clients are in greatest need of these services.

This study's generalizability is limited by its focus on users of one shelter, but the conceptual identification and multivariate testing of alternative explanations of service interests should help to chart an important direction for future research. Service orientations are a critical influence on the services actually received by homeless persons. This research begins to lay the foundation of knowledge that is required to develop service policies and programs that will elicit the participation of needy homeless persons. Subsequent investigations should include broader samples of homeless persons, more reliable measures of mental illness, more direct measures of service needs and prior service experiences, as well as multivariate models like those tested in this paper.

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