
Housing First: An Ecological Approach to Promoting Community Integration

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› **Abstract_** *This article present the findings from an evaluation which examined the impacts of a Housing First program on participants' community integration. Using an ecological approach, the programme Casas Primeiro provides individualised and scattered apartments in mainstream neighbourhoods to homeless people with severe mental illness. The programme seeks to link participants to community resources, to facilitate neighbourhood relationships and to support participants' projects and activities in the community that could lead to higher levels of social participation. Qualitative and quantitative methods were used to determine whether the acquisition of stable and independent housing is associated with improvements in participants' community integration. The research also sought to explore the degree to which the project users were participating in community activities, the nature of interaction with other neighbours and whether they feel a sense of belonging to their community. In all, 45 participants were interviewed. The results of the study highlight the possibilities that a Housing First approach could offer in promoting community integration. After being housed, participants reported that they began to use local resources and to participate in community activities and they developed a sense of belonging within their neighbourhoods.*

› **Keywords_** *Community integration, Housing First, homelessness, mental illness*

Introduction

Housing First is increasingly seen as an effective intervention to end homelessness for people with severe mental illness and co-occurring addictions. By separating treatment from housing issues, whilst providing immediate access to permanent, independent and mainstream apartments scattered throughout a community, combined with the provision of flexible, individualised support services that are consumer-driven, this approach has demonstrated significantly better outcomes in terms of housing stability and satisfaction, well-being and community integration (Greenwood *et al*, 2005; Tsemberis and Eisenberg, 2000; Tsemberis *et al*, 2004). The integration of homeless people with mental illness at all levels within their communities is a main goal of supported housing programs (Carling, 1995; Yanos, Barrow and Tsemberis, 2004; Wong and Solomon, 2002). As a guiding principle, community integration advocates that every person has the right to a stable regular housing setting, with access to opportunities and community resources, and to participate in community life in the same way as everyone else (Salzer and Baron, 2006; Townley *et al*, 2013; Wong and Solomon, 2002).

Community integration has been deemed a multidimensional concept that encompasses three elements of integration: *physical integration*, *social integration* and *psychological integration* (Aubry *et al*, 2013; Wong and Solomon, 2002). Physical integration is defined as the extent to which an individual has access to a wide range of community resources and services, whilst also participating in community activities. Social integration refers to social interactions within the local community (e.g. chatting with neighbours or staff at the local grocery stores). Finally, psychological integration reflects a sense of belonging, the perception of oneself as a valid member of the local community. The social and psychological domains of integration are particularly relevant to people who have experienced chronic or long-term homelessness and who have a mental illness, since they often experience feelings of loneliness, rejection and isolation, and do not have the same opportunities to engage in community activities or develop social networks (Nelson *et al*, 2005; Siegel *et al*, 2006; Townley *et al*, 2009; Tsai and Rosenheck, 2012; Yanos *et al*, 2004).

It is useful to approach community integration through an ecological framework (Kelly, 2006; Levine *et al*, 2005). A contextual and ecological approach helps to avoid exclusive focus on individual characteristics. It provides frameworks for a better understanding of environmental factors that either hinder or foster community integration, and how resources could be mobilised to overcome social barriers and increase opportunities for social inclusion. Community integration relies on opportunities to access resources, to develop social networks, to contribute to society and engage in activities that connect people to their community (Aubry *et al*, 2013;

Ornelas, 2008; Ware *et al*, 2007). An ecological perspective helps to better understand homelessness and social exclusion phenomena by taking into consideration both individuals and contextual risk factors and the interplay between them.

Causes of homelessness are complex and multi-layered. Several studies indicate that mental illness and/or substance use disorders are risk factors for homelessness (Lehman and Cordray, 1993; Lowe and Gibson, 2010) and that the experience of homelessness is a risk factor for the development of health and mental health problems, including substance use issues (Mojtabai, 2005; Newman and Goldman, 2008). Other studies suggest that stressful life events, such as loss of relationships, family conflict, foster care history, major financial crises, as well as weak social support systems (Calsyn and Winter, 2002; Padgett *et al*, 2012) are also contributing factors to causing homelessness. While those risk factors are important, research indicates that structural conditions such as poverty, particularly so when there is insufficient social welfare support and a lack of affordable housing, are the most significant factors contributing to homelessness (Gould and Williams, 2010; Shinn *et al*, 2001; Shinn and Gillespie, 1994).

Recently, a number of research studies have examined the relationship between housing environments and housing support services and their contribution to community integration (Gulcur *et al*, 2007; Kloos and Shah, 2009; Yanos *et al*, 2004; Yanos *et al*, 2007). With regards to the location and the type of housing, several studies have shown that individualised, independent and scattered housing have an important influence on community integration (Gulcur *et al*, 2007; Kloos and Shah, 2009; Yanos *et al*, 2004; Yanos *et al*, 2007). Housing in integrated neighbourhoods with access to diverse community resources, such as local amenities and public transport, has also been associated with positive community integration (Hall *et al*, 1987; Parkinson *et al*, 1999). Others studies have found that higher standards of housing and its environment (i.e. home and neighbourhood) is associated with housing stability, psychological wellbeing and positive community participation (Evans *et al*, 2000; Kloos and Shah, 2009). By contrast, neighbourhood disorder is associated with weaker community cohesion and poorer sense of community belonging (Brodsky, O'Campo and Aronson, 1999).

Other key aspects of community integration rely on the importance of permanent housing. Yanos *et al* (2012) found that the length of time living in a neighbourhood boosts social integration. When there is more stability across a neighbourhood, people tend to engage in developing support networks and positive relationships (e.g. with landlords and neighbours). This in turn can strengthen social capital in their own lives (Fisk *et al*, 2007). Farrell *et al* (2004) have demonstrated that neigh-

bours can play an important role in community integration and they found a positive correlation between neighbours' support and residents' positive sense of community and well-being.

Prince and Gerber (2005) found that participation of people with mental illness in meaningful activities have a greater sense of community belonging, which in turn has a positive effect on their quality of life and their psychological well-being. Townley *et al* (2009) obtained similar results, showing that people participating in a greater number of activities reported improved life satisfaction. According to these authors, participation in community activities provides opportunities for interaction with other members of the community, contributing to expanding social support networks of people with mental illness. Yanos *et al* (2007) evaluated the impact of objective and subjective factors of the neighbourhood that could shape the relationship between housing and psychological integration of formerly homeless people with mental illness, who resided stably in independent apartments or group homes. The results showed that the perception of neighbourhood social cohesion was strongly correlated with psychological integration and that, in turn, the sense of community was moderately related to physical and social integration. On the other hand, most people residing in independent apartments performed meaningful activities in the neighbourhood or were employed, unlike those residing in group homes. They reported a greater sense of community and higher levels of social interaction in the neighbourhood.

Gulcur *et al* (2007) conducted a longitudinal study to examine the impact of housing characteristics (independent apartments and congregated settings) on physical, social and psychological integration of participants. The results of this study have shown that higher levels of choice and the dispersion of houses in mainstream neighbourhoods (rather than institutional contexts), contributed significantly to participants' psychological and social integration. According to the authors, a greater sense of autonomy by participants in independent apartments contributes to their wellbeing and a greater sense of belonging to the community. Nemiroff *et al* (2011) obtained similar results in a study that examined the levels of psychological integration of homeless women recently housed in permanent housing. The authors concluded that higher housing satisfaction contributed to higher levels of psychological integration. The housing satisfaction, in turn, is associated with housing choice, privacy, security and quality (Srebniak *et al*, 1995; Tsemberis *et al*, 2003) – all of which are fundamental dimensions of Housing First approaches. Aubry *et al* (2013) also found that housing environments that support participants to live independently in regular neighbourhoods can positively impact on community integration.

Tsai and Rosenhek (2012) conducted a study with a group of participants in a Housing First program, who had a long history of homelessness and mental illness. Their aim was to understand whether there was a correlation between psychiatric symptoms and social integration of participants, and to ascertain if higher levels of social integration were related to greater life satisfaction. As shown in other studies (Gulcur *et al*, 2007; Yanos *et al*, 2012), social integration is independent of clinical symptoms. In other words, the severity of psychiatric symptoms, clinical diagnosis or histories of psychiatric hospitalisation are not necessarily determining factors of the quantity and quality of participants' social support network. In summary, research has indicated that independent, permanent and scatter-site housing solutions are linked with more positive outcomes of community integration and improved wellness of formerly homeless people.

Casas Primeiro Project in Lisboa

Casas Primeiro was the first Housing First project in Portugal. The project aims to support homeless people with dual diagnosis of mental health problems and addiction issues, in accessing and maintaining independent apartments in the cities of Lisboa and Cascais. The project started in 2009 and is operated by the non-profit organisation AEIPS (Associação para o Estudo e Integração Psicossocial). Separating housing from treatment, the project provides immediate access to permanent housing, and project users are not required to engage in psychiatric treatment or maintain a period of sobriety. Apartments are rented from the private housing market, and are scattered throughout the city's boroughs, in affordable buildings in mainstream neighbourhoods, with access to various resources, such as public transport, shops and others amenities. The apartments range from studios to one-bedroom units. All apartments have a kitchen and a bathroom. If they wish, participants may share their home with someone else that they know, or a family member.

Support services are flexible, individualised and tailored to participants' needs and goals. Service support is available 24 hours a day, 7 days a week (on-call). This support is delivered within the participants' apartments (at least one pre-arranged home visit per week), and support is also offered within the neighbourhood and in other community contexts. Once a week, the program organises a group meeting in AEIPS's headquarters, where the participants have the opportunity to raise and discuss with their peers and the staff, issues of concern or shared experiences in a way that contribute to the program's development and improvement.

Using an ecological and collaborative approach with a focus on recovery and community integration, the project's team works with participants in order to address their needs and interests in terms of housing management (e.g. domestic organisation, meals, shopping), citizen documents and legal issues, access to health services (physical and mental health), income and social benefits, employment and educational projects, community activities (sports and leisure), or neighbourhood social relations. The program evaluation results have shown a housing retention rate of 80 percent, a significant decrease in the use of emergency services and psychiatric hospitalisations, as well as significant improvements in quality of life (Ornelas, 2013).

Method

The present study is part of a broader research and ongoing evaluation, conducted by ISPA – University Institute for Casas Primeiro Program. The purpose of this study is to have a better understanding of the impact of the access to a permanent, scattered-site and independent housing of formerly homeless people with mental illness, with a specific interest in the effects on community integration. To address this goal, we used a qualitative approach to explore lived experiences of participants and to determine whether independent housing is associated with improvements to community integration.

Participants

In total, 45 adults living in Casas Primeiro apartments were interviewed. Demographic characteristics of the participants were representative of Casas Primeiro residents: 64.5 percent were male and 35.5 percent were female. Their ages ranged from 30 to 67 years. With regards mental health diagnoses, 80 percent were diagnosed schizophrenia and 26.6 percent had co-occurring substance abuse disorders. All participants had histories of homelessness, 51.1 percent were homeless for more than five years and 13.3 percent were homeless for more than fifteen years. All participants had a source of income, mainly a minimum social welfare income and a disability pension, and 22.2 percent reported engaging in some form of employment: subsidised traineeships within the labour market (n=5), full-time employment (n=1), and ad-hoc "odd jobs" (n=4). Two participants had returned to education.

Measures

A semi-structured interview was conducted with participants based on *Baseline and Follow-up* interviews developed by the Mental Health Commission of Canada At Home/Chez Soi Project (2009). This interview set out to explore the factors that led to their homelessness, the experience of homelessness itself, and the changes

to people's lives after moving into stable housing. Additionally, we used the Community Integration Scale (CIS) adapted by At Home/Chez Soi program in Canada (2010) to examine the degree to which they participated in community activities, their interaction with other neighbours and their sense of belonging in their community. Six items measured physical integration where participants were asked to indicate if in the last month they participated in a different set of activities, two items measured social integration and two measured psychological integration on a 5-point scale, ranging from totally disagree (1) to totally agree (5).

Procedures

At the time we conducted the study, 59 people lived in Casas Primeiro apartments. Data was collected from 45 participants that had been in the program for more than one year. The interviews were scheduled with each participant according to the time and place they preferred (e.g. in their homes or AEIPS' office). The interviews were conducted face-to-face by members of the research team. All participants were informed about confidentiality of their responses, and that they reserved the right not to answer all questions. All participants signed an informed consent form. The team asked participants their permission for audio recording the interviews and only one did not consent to recording, so the answers had to be written in note-form. The duration of the interviews was about sixty minutes.

Data analysis

The data obtained through the interviews was analysed through thematic analysis (Braun and Clarke, 2006). Thematic analysis is a method for identifying, analysing and reporting patterns, making possible to describe the themes in detail, which aims to capture a holistic perspective. Once the data was collected, the next step was to transcribe the interviews and discuss emerging themes and codes. To simplify the data and to allow a better understanding of the differences in participants' lives from being homeless to living in stable housing, we used a matrix display with two dimensions: main themes and timeframes (Nelson *et al*, 2005). The first dimension consists of four broad themes: wellness, physical integration, social integration and psychological integration. The second is a life period dimension with two timeframes: homelessness timeframe and Casas Primeiro timeframe. Using this coding framework the research team members coded the interviews. Table cells were filled with the themes that emerged from the data analysis.

Results

Qualitative findings: What led participants to homelessness?

Most participants lived with their family until adulthood. Though, some were institutionalised at a young age, and some spoke of their desire to start a new 'chapter' in their lives upon leaving this institution, hoping to get a job and be independent and autonomous. Their housing history was marked by instability, characterised by several housing transitions, before eventually becoming homeless. Four main themes were identified in their pathways into homelessness: unemployment and lack of income, inadequate housing conditions, lack of social support and the first signs of mental health problems.

Unemployment and lack of income

The majority of participants reported that they did not have sufficient income, which in turn affected their housing stability. Unemployment and insecure sources of income during the period of housing instability appears as one of the main reasons that led to homelessness. This financial strain largely contributed to not being able to afford a house of their own, pushing them into an unstable housing circuit until they ended up homeless.

... I tried to get a house but it was too expensive (...) when I left my parents' house, I found a job and I was hoping that I could afford a place of my own. I ended up in a room, rented by an old woman, but I couldn't continue to pay the rent because meanwhile I was fired and I couldn't afford anything...

Lack of adequate and affordable housing

Poverty and financial strain significantly limited the access to adequate and suitable dwellings. Many participants shared stories of overcrowding, unsafe and poor housing conditions. They described leaving the family home to try to find a better place of their own, but the lack of affordable housing available led them to homelessness.

The place where I was living with my grandparents was a living nightmare (...), everything was broken. I left and tried to find some place of my own but I didn't...

Lack of social support

Lack of family or other social support was also mentioned as being one of the main factors leading to homelessness. Family support was present during their childhood and youth at a basic level, like food and accommodation. However, participants felt that they could not rely on family support as adults, mainly because families themselves had scarce economic resources. Some participants reported they left home because of family conflicts or were kicked out, others stated that they became homeless after the death or emigration of their parents.

I don't like to talk much about my childhood because I have some painful memories. I didn't have any brothers or sisters and my parents were always fighting with each other. They only provided me the essential things but I never felt loved by them, so, one day, I decided to leave...

First signs of mental illness

Participants recalled the first signs of their mental health problems that they believed contributed to their homelessness. They also reported that the first signs of their mental illness were where they were in stressful and vulnerable housing situations, characterised by instability poor conditions. These impacted on their lack of social support and income, exacerbating their mental health, which consequently led to homelessness.

... I was living in a room with a friend of mine when I first heard voices... they told me to do some things like quitting the job and they gave me indications who were my real friends...

Qualitative findings: Homeless Timeframe and Casas Primeiro Timeframe Regarding Community Integration and Well-being

Table 1 reports findings on participants' life experiences while homeless and after being housed by Casas Primeiro. The findings were organised according to community integration dimensions: physical, social and psychosocial integration. Also the qualitative changes experienced by participants regarding health concerns, empowerment, and expectations towards the future were included on the main theme of personal wellness.

Table 1. Life experiences while homeless and after accessing independent, permanent, scatter-site housing

	Homelessness Timeframe	Casas Primeiro Timeframe
Physical Integration	Lack of housing Barriers to accessing documents No income Homeless services Lack of activities Unemployment Low engagement in education	Having a home Access to documents Access to income Mainstream services Activities in the community Employment Education projects
Social Integration	Weak social support Negative relationships with others Weak contact with family members	Social support Positive interactions Contact with family members
Psychological Integration	Feeling “invisible” Sense of “not fitting in” Sense of non citizen status Lack of empowerment Hospitalisations	Sense of community membership Sense of “fitting in” Sense of citizenship Empowerment Decreased hospitalisation
Wellness	Addiction Legal issues “Survival mode” No orientation towards the future	Reduced substance abuse Fewer legal issues Normal daily routines Planning for the future

Physical Integration

Physical integration refers to the extent to which participants became involved in community activities and had access to resources that contributed to the improvement of their life circumstances. The greatest amount of change was noted in community integration.

Changes in housing

Many of the participants had previously lived in extremely impoverished situations without any type of human or sanitary conditions. Some had to sleep on cardboard in walkways or in public parks. This denied them any sense of privacy, safety, and an inability to retain personal belongings or food. Participants described the hardship of homelessness experience and their feelings of vulnerability associated with this time.

I was always scared when I went to sleep (...) I was afraid that somebody could steal my things, that's why I was always alone, I didn't really trust anyone back then (...).

I lived in a hole in the bushes (...) there was worms and I remember seeing a snake there.

Housing was a significant turning point for the Casas Primeiro's participants. Housing provided them with an opportunity to start their lives again. Overall the participants reported high levels of satisfaction with their housing, outlining several benefits of having their own, permanent, high quality space, where they can sleep in a bed with sheets, where they can cook and eat in a kitchen and have a healthier diet, where they can keep their personal belongings in drawers or in hangers, where they can take care of their personal hygiene in a bathroom with a shower and a toilet, and where they can feel safe and protected.

A house is a house! For me it's everything!

Having a house is great. To have my belongings safe kept... I feel more secure.

Now I sleep as I should, with no problems. (...) I sleep with both eyes closed.

Changes in citizen documentation

Many participants reported how they could not access official documentation. The main reason was because they did not have an address, nor did they have the guidance or support them to facilitate these bureaucratic processes. Since they have been housed, however, they have succeeded in accessing documents (e.g. ID card, VAT number and more). While the practical benefits are obvious with this, it also enabled them to feel more accepted, recognised; finally feeling like a full and participating citizen.

Back then I didn't have any documentation, even the identification card because I didn't have an address. Now I have all documentation that I need.

Changes in income

The majority of participants did not have any income while they were homeless. Without money, they were not able to afford basic provisions, such as clothes, or food. Moreover, the lack of income hindered them from attaining housing and trapped them into prolonged homelessness. With an address and with their citizen documentation in order, participants were able to apply for social welfare benefits. Participants reported that now they have some source of secure income and they are able to manage their daily expenses.

I didn't have any money or any income back then. If I had I would probably tried to get a house by my own.

Now I have money. I don't need to beg like I used to.

Changes in social services use

Access to mainstream social and healthcare services, which target all community members as opposed to separate services for homeless people, represents a shift towards community integration. Participants reported that, when they were

homeless, they would frequently resort to emergency social services, food centres and outreach teams, public baths, harm-reduction street teams and other services that are designed just for homeless people. Now they use their community resources, such as local health centres, local social services, neighbourhood organisations and local city councils, alongside other citizens.

In the streets I used to meet homeless street teams who could provide me food, clothes and some blankets to protect me from the cold. Now it is different, when I need something I ask my neighbours' or the local council to help me if I need something.

Since I have my home everything became easier. I feel that I have better access to community resources because I have an address to give.

Changes in community activities

When living in the streets participants were only able to attend to their immediate survival needs, with little opportunity for involvement in community activities. This process, coupled with acute poverty, further marginalised them from community life. Access to housing created more opportunities for participation in community contexts and activities. Many participants talked about being able to enjoy activities such as going to a coffee shop, attending the local church, and generally going out and conversing with others in a context where they felt welcome. Some participants become involved with local organisations such as sports clubs, and others participating in community festivities.

When I was homeless I was always in the same place every day... I didn't feel motivated to do anything.

I use to go to Belem to the cultural centre with two other friends. We hang out and then we go our separate ways.

Changes in employment and education

The majority of participants said they did not have any job prospects whilst living on the streets. Many attempted to secure employment whilst they were homeless, but were unable as they had no place to rest after a days' work, nor could they provide a postal address to their employers. Participants also reflected that they would have liked to have continued their studies in order to secure better standard of employment with a better salary, but that it was not possible when they were on the streets. After Casas Primeiro, participants were in a better position to get a job, and some of them already entered the labour market. They reported that employment not only increased their economic autonomy, but also their sense of self-worth and a renewed sense of competence to contribute to society. Moreover, it was an opportunity to meet new people. Some participants returned to school to complete second-level education or engaged in a university course.



Back then I didn't have any money, I couldn't find a job, I was desperate (...) it was horrible. Now I'm working and I can save some money, I have better quality of life, I feel more autonomous, it's like a new life has begun for me.

This house helped me to have a job because I have added conditions and better ones... I feel more active and able to do further things.

The house made it possible to go back to school. It was really hard, but I'm really glad. I never thought I could do it.

In summary, living in an independent, permanent and scattered-site housing has played a critical role in accessing resources, which enabled participation in community activities.

Social integration

Social integration refers to social interactions and relationships with others that foster social support. A stable and integrated housing environment enabled opportunities for such relationships to develop. Above all, participants perceived those mainstream social connections as more positive and reassuring, than previous homelessness social networks.

Changes in social support

Participants described that while they were homeless; they were less likely to rely on others. They felt that no one cared, that they had no friends, no family and no one with whom they could rely on. When they moved into their new house, they felt they had more opportunities to meet other people and had a higher standard of living in which they could develop new social networks. Participants reported that, since they moved to their new neighbourhood, they had the chance to meet and talk with different people, e.g. neighbours, shop owners, staff members of local businesses, coffee shops waiters, postmen, and other members of the community. They describe how those routine interactions were nourishing and gave them a sense of social inclusion. Some participants highlighted that they have already established good friendships in the neighbourhood. Others mentioned that they themselves also offered support to their neighbours, for instance by helping them to carry groceries.

..I was always alone because I was afraid of other groups that I saw in the streets (...). With this house I have more ability to communicate with other people (...) to make new friends, to invite someone to go to the coffee shop with me.

I felt I couldn't really count with anyone in the street (...) was everyone by their own (...) Now I feel more supported (...) I get along with my neighbours' and I know most of the people here.

... my neighbours helped me a lot, they're always available and I have an excellent relationship with all of them. Sometimes I spend hours talking to them...

When I came to this house I started to go to a grocery store in the end of the street. The lady there is really nice. I remember one day when I went there. I wanted to buy some carrots and potatoes to make a soup, but I didn't have enough money. She let me take what I needed and told me that when I had money I could pay her. Since then, every time I go there I talk to her for a while. I feel that she cares about me and that we've become friends.

Changes in social interactions

The participants reported that while they were homeless, they felt safer when they were on their own, because they found it difficult to trust anyone. While some participants stated that they made genuine friendships on the streets, for the majority, street relations were not perceived as positive. They described self-centred interests of their acquaintances relating to addiction, exchange of favours and money. When they moved into their new house, they felt they needed to distance themselves from those harmful relationships, particularly for those who have had substance abuse issues. Participants comment that, since they moved into the neighbourhood, they have established new and more positive interactions with people of different backgrounds and have different topics of conversation.

The people that I used to hang out with in the streets were a bad influence for me. Most of them were addicted and I started also to consume. I can't forget what I was going through.

I think I have a good relationship with my neighbours', in fact some neighbours' are friends, and most of them are always willing to talk to me about everything like politics, football...

Changes in family relationship

The participants communicated the strained and sometimes non-existent relationships they had with their families while they were homeless. Indeed, many associated their homelessness was a direct result of family conflict and lack of family support. But after securing accommodation, some participants conveyed a re-establishment or improvement of social ties with family members and some participants restored parenting roles with their children.

When I was homeless I lost contact with my mother. She tried to reach me once but I wasn't interested because we had conflicts with each other all the time (...) now our relation is better, I have a cell phone and sometimes she calls to know if everything is ok

(...) with this house I can see my daughter more often and who knows, even perhaps invite her to come live with me. Now I can have a space where I can be with my daughter, where we can seat and ask her how was school, where I can help her to do her homework, where I can just be with her (...).

(...) fortunately I had the opportunity to have this home which helped me a lot in being able to be more present in my daughter's life. Without Casas Primeiro it sure would be impossible for me to be able to help her (...).

Psychological integration

In terms of psychological integration, participants recounted how they have a more positive view of themselves as members of the community since entering Casas Primeiro. Being a tenant and maintaining a household seemed to help to overcome the extreme segregation that they experienced while homeless. Furthermore, access to resources and to more positive social interactions contributed to their sense of community and belonging. Above all, they felt that they regained their sense of citizenship.

Changes in sense of community membership

Participants reported they often felt "invisible" while homeless. The majority described numerous times where they felt excluded, cast aside by society, and described feelings of shame and stigma when engaging in activities such as begging. Now, they felt that there are people who care for them. This gives them a sense of confidence, enabling them to form new social relationships and feel part of the community.

It was really hard for me, when people were passing by. I felt like I didn't exist.

(...) Ever since I move to this house I felt a big difference in my life. I feel that is easier to talk with other people without feeling shame (...) Now I feel that I am part of society not an outcast.

Changes in sense of fitting in:

The participants also described that while homeless, they sensed that they did not fit into society; that when they entered a space, they felt people staring, regarding them with suspicion and sometimes making unpleasant or hostile remarks. Currently, most participants feel that they are welcomed, accepted and respected by other community members.

I wasn't welcome and in some coffee shops they banned me to enter. (...) Now I feel that I'm part of the neighbourhood that I'm living in.

... I feel appreciated in this neighbourhood...

Changes in sense of citizenship

Participants also mentioned that, while homeless, they felt like having no rights as citizens, like they didn't belong to society. After securing housing, participants feel they regained their status as citizens.

People looked at me like I wasn't a citizen, like I didn't have any rights. This house gave me the opportunity to be somebody, to feel like a citizen.

Wellness

Overall, participants identified improved well-being, autonomy and personal empowerment after being housed. They felt a sense of purpose and hope in their lives, as well as the emergence of more positive prospects for their future.

Changes in empowerment

The participants related this renewed sense of empowerment with secure housing. While homeless, they felt powerless, without the resources to control and change their own lives. Homelessness encompassed disempowerment characterised by little or no access to community resources. Moving to a house gave them a sense of autonomy and a greater sense of control. Participants described that they can establish their own daily routines, who they invite to their home, and they have improved access to community resources. Their home is seen to be a safe space that provides the foundation to set their personal goals, make choices and regain the control over their lives.

I felt like I was nothing when I was in the streets... I wanted to do something to get out of that situation (...) but I wasn't motivated, I felt like I was trapped.

(...) Now I feel I have control over my life (...) I feel empowered to overcome barriers...

Changes in health

Many participants reported that when they were on the streets they were hospitalised on multiple occasions due to physical or mental health issues. The fact that they had to live in stressful and vulnerable conditions contributed significantly to their deteriorating health. Since they moved into secure housing, the number of hospitalisations decreased significantly. Most of them point out the fact that they now are living in a stable and secure environment, which contributes considerably for improved physical and mental health.

I remember when I was homeless I heard voices all the time... I don't know how many times I was hospitalised. On the other hand, it was a positive thing for me; at least I could sleep in washed sheets and have food (...). Four years ago, when I entered the Casas Primeiro project, everything changed for me. I hear less voices and I stopped being hospitalised since I have this house...

Changes in addiction

Participants noted that the Casas Primeiro program did not oblige them to take part in any type of traditional addiction treatment, and despite this, they have substantially reduced their drug use. According to the participants, they reduced their alcohol and substance intake after the program. Some participants pointed out that their housing signalled a new chapter in their lives and with this, reduced substance use. Others said that they had established new friendships since they moved and as such, do not want to be labelled “drug addict” anymore.

... my daily routine was sleep, wake up, consume drugs, eat, consume drugs, eat again, ask for more drugs and get back to sleep (...) every day was the same routine for me (...). Since I'm no longer homeless I stopped consuming drugs and hopefully will continue that way...

Changes in legal issues

Some participants discussed their involvement with the criminal justice system while they were homeless. Their offences related to drug possession, theft, or public disorders. They also revealed that since being housed they no longer engage in criminal activity. The support team of Casas Primeiro also had an important role in assisting with their interaction with law enforcement and local courts, so as to resolve minor legal issues that may not have been followed up on in the past.

I got busted when I was out of the country (...) It was a really hard experience for me.

When I was in the street I had some troubles with the law (...) luckily now I have my house and it's a turned page in my life.

Changes in stress levels

Many described the dramatic difference of their daily routines before and after housing. While they were homeless, they operated in ‘survival mode’ in which they lived on a day-by-day basis, attempting to remain protected from the elements such as the cold and the rain, and to continually try to find food. After housing everything changed, they could rest comfortably and organise their routines and normal daily activities without this need to consider survival strategies.

I couldn't think about anything beyond survival. (...) Now I have more peace and quiet.

My main concern during the time I was in the streets was how to survive, how to get money to buy food, to protect myself from the rain and the cold. (...) Now I have better conditions and better quality of life.

Changes in their future prospects

Participants revealed that, due too many hardships while homeless, they had no expectations for the future, preferring to live day-by-day. They had difficulties in conceiving that one day they might exit homelessness. Once they joined Casas Primeiro, participants started to focus on what to do next and to have an active role on accomplishing their own personal ambitions, in order to lead a more fulfilling life.

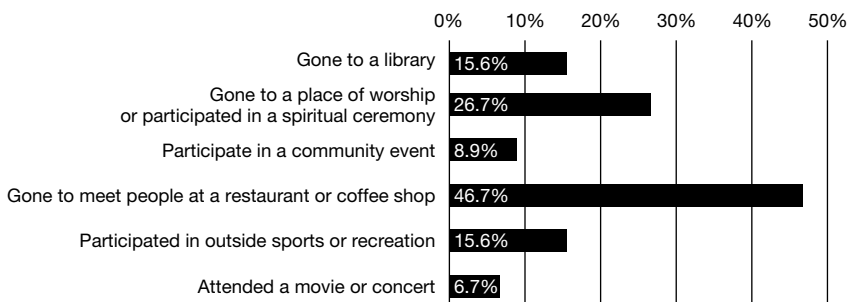
When I was homeless I didn't have any future expectations (...). Now I have hope. This house made a lot of changes in my life.

The house gave me the possibility to think about my future, to study and ultimately to find a job if I'm lucky (...) When I was homeless I couldn't even think about the future to avoid suffering.

Quantitative Findings

As is illustrated in Figure 1, when we asked the participants to identify from a list of community activities what they have done in the past month, 46.7 percent reported that they went to meet others at a restaurant or coffee shop and 26.7 percent reported that they attended a place of worship or participated in a spiritual ceremony. Furthermore, 15.6 percent reported they went to a library and another 15.6 percent participated in outside sports or a recreational event, 8.9 percent participated in a community event and another 6.7 percent attended a movie or concert.

Figure 1. CIS results concerning physical integration



We compared these results with those that were obtained through the interviews, and that were coded in the theme *activities in the community*. We found that, in addition to the activities listed in CIS, the participants mentioned mainly activities related to daily life, such as going to a supermarket, going to the post office or newsagent, attending the community health centre, attending local food banks, or taking a walk in the local parks.

Table 2. CIS results of Social Integration and Psychosocial integration (%)

Social integration	Strongly disagree	Disagree	Neither	Agree	Strongly agree
I know most people that live near me	31.1	22.2	13.3	15.6	17.8
I interact with the people that live near me	46.7	15.6	15.6	11.1	11.1
Psychosocial integration					
I feel at home where I live	8.9	4.4	15.6	28.9	42.9
I feel that I belong to my community	20.0	2.2	22.2	26.7	28.9

To assess social integration, we asked participants if they knew the majority of their neighbours and if they interacted with them. As can be seen in Table 2, less than half (33.4 percent) of participants reported that they know most of the people who live near them and only 22.1 percent interact with their neighbours.

We compared these results with the information obtained from the interviews. We have observed that, in the interviews, participants referred to their social contacts in a more comprehensive manner. Social interactions, even in the context of the neighbourhood, are not restricted to neighbours. They seem to be more common with people who are in community contexts that participants use more frequently, as employees of grocery stores, who may live elsewhere.

To assess psychological integration, participants were asked if they felt at home where they lived, and if they felt they belonged to their community. We observed that 71.1 percent of participants felt at home in their neighbourhood. Regarding the sense of community belonging, the majority of participants (55.6 percent) felt they belonged to their community. However, it should be noted that 22.2 percent did not this way. Overall, these results are consistent with the information obtained from the interviews. Qualitative data also showed that most participants felt comfortable in their neighbourhoods. Furthermore, it indicates that participants felt that they are restoring their status as a valued member of society, and fostering a sense of community belonging. Thus, it should be noted, that the sense of community belonging was described by some participants as a process and not necessarily as an established outcome.

Discussion

The main goal of the study was to examine the impact of a Housing First program on community integration of formerly homeless people. For this purpose, the study sought to understand the participants' perspectives regarding both the pathways that led them into homelessness, as well as their experiences of community integration after entering the Casas Primeiro program. In terms of the first question, the findings indicate that unemployment and lack of income, coupled with the lack of adequate and affordable housing were the main causes of their homelessness. Further, participants described that they were unable to rely on the support from their family for reasons often related to acute poverty. Moreover, participants stressed that the lack of these critical resources kept them trapped into homelessness for several years. These findings are consistent with previous research which has demonstrated that, regardless of individual risk factors, the main reasons for homelessness are structural conditions such as poverty and the lack of affordable housing (Gould and Williams, 2010; Shinn *et al*, 2001). By addressing the structural causes of the problem, Housing First programs have been very effective in reducing homelessness and promoting housing stability (Hwang *et al*, 2012; Pearson *et al*, (2009); Stefanic and Tsemberis, 2007; Tsemberis *et al*, 2012). This was seen in the life histories of the participants in this study.

Overall, our findings provided evidence that access to an independent, permanent and scatter-site housing, coupled with support services, is associated with improvements in community integration. It is argued that an ecological approach is optimum when considering community integration, facilitating people's access to critical resources and community opportunities. Further, the axiom of ecological theory is interdependence, that is, change in one part will have an impact on the other parts of the system (Kelly, 2006). Providing access to independent housing not only addresses the structural cause of homelessness but also removes the most pressing stressor from participants' lives experiencing homeless: the daily struggle to survive. Having a permanent house and privacy gave participants a sense of safety and stability, which is essential to address other stressors, and to reorganise various aspects of their lives.

Having a house and an address was essential to organise participants' documentation that, in turn, allowed them to access to a source of secure income. Additionally, efforts were made to link participants to mainstream health and social community services that are used by the general population. That allowed participants to break away from the homeless services circuit, which improved community integration. Living in the community also creates more opportunities for people to participate in community life. In our study, participants reported that they started to discover their neighbourhoods and to use the local resources, like coffee shops, grocery

stores, churches and leisure contexts. Some participants even started work or return to school. Several studies also indicated that independent housing is associated with greater involvement in activities in the community (Nemiroff *et al*, 2011; Yanos *et al*, 2007). Our findings also revealed that community participation is mainly related to daily life activities, like shopping or going to the hairdresser, than to leisure or cultural activities, such as going to cinema or a concert. But, the opportunity to have regular routines, and perform daily life activities in community contexts, like any other citizen, represents a major change in peoples' lives, and is a valuable way to connect to community. However, this is an issue that should be discussed. Community integration is not a straightforward process and support providers should work collaboratively with participants and with communities to guarantee that people take advantage of all local opportunities. Moreover, the participation in community contexts, such as sport clubs or neighbourhood organisations, creates opportunities for social interactions and for fostering sense of community belonging (Nelson, Lord and Ochocka, 2001).

Social connections play a large role in community integration (Wong and Solomon, 2002). In our study, participants described how, after housing, they felt that they have more opportunities to establish relationships with neighbours and other community members. But, although some participants reported that they have regular interactions with their neighbours and had developed friendly relationships with them, quantitative findings indicate that the majority of participants do not interact with people that lived nearby. Previous research also indicates that people with mental health problems living in supported housing programs have low levels of contact with their neighbours (Aubry *et al*, 2013). However, our qualitative findings suggest that social integration should not only be a measure of interactions with neighbours. In fact, many participants mentioned others with whom they interact regularly in community contexts, such as grocery owners or coffee shops waiters. They have described that those social interactions gave them a sense of social acceptance and inclusion. Previous research explored the role of informal supports, that is, casual relationships existing in community, and found that distal supports predicted community integration (Townley, Miller, and Kloos, 2013). Another finding of our study, related to social support is that housing also allowed the rapprochement with family members. This finding is in line with previous research that stressed the significance of housing stability for people with long histories of homelessness, and how this stability can restore social relationships with family and friends, with many restoring their roles of parents or as sons or daughters (Kirkpatrick and Byrne, 2009; Padgett, 2007; Patterson *et al*, 2013; Polvere *et al*, 2013). Nevertheless, social inclusion could be further fostered. Increasing participation in neighbourhood organisations or other community contexts could lead to wider sources of social support. An ecological intervention strives to link people to

community social settings as well as help those settings being supportive resources (Kelly, 2006). Housing First support teams could help people develop social support networks by facilitating the bridging and bonding within community contexts.

Community activities and social relationships that are a source of support in the community have been suggested as predictors of higher levels of psychological integration (Aubry *et al*, 2013; Nemiroff *et al*, 2011). In our study, participants expressed that having a house and regular daily activities contributed to others viewing them as community members. Furthermore, access to housing and to other critical resources, such as income, also gave them a sense of recovering their citizenship and sense of belonging. As is reported in the literature, we also found that independent and scatter-site housing increased participants' wellness. Participants highlighted improved health and quality of life, a greater sense of freedom and control over their lives, a wider range of opportunities to fulfilling personal projects, and optimism towards the future. This is consistent to previous research that suggested that the feeling of control over housing and over life promoted housing stability, increased satisfaction and perceived quality of life and the pursuit of individual goals (Nelson *et al*, 2007; Padgett, 2007; Polvere *et al*, 2013).

The limitations of the current study ought to be highlighted. First, the research design targets only one group. The use of a comparison group would allow assessing the impact in community integration of Housing First versus other type of housing programs for homeless people. Moreover, given the contextual nature of community integration, future studies should also include comparison groups of non-program neighbours. Secondly, this study only accounts for data taken at one point in time. Future research should use a longitudinal approach to evaluate whether community integration outcomes remain stable or change over time, as well as track those changes. Another limitation relates to the physical integration measure where participants reported six potential community activities. Likewise, social integration measure was limited to the interactions with neighbours. Future studies should seek to extend the list of community activities options to measure physical integration in a more diverse and comprehensive way. Also, social integration should be evaluated in a broader perspective including the analysis of the dimension, quality and reciprocity of social support networks. Finally, future studies should strive to use a collaborative method and include participants as research collaborators in order to ensure that all research aspects are relevant and useful for them.

Conclusion

This article argues that access to independent, permanent and scatter-site housing is associated with significant improvements in community integration and enhanced wellness of formerly homeless people. Although these results are consistent with what has been reported across the literature, the qualitative nature of this study provides a comprehensive understanding of participants' lived experiences and perspectives about what led them into homelessness, as well as how they evaluated their life changes after entering in a Housing First program. This study also demonstrated the importance of incorporating an ecological approach in the way services are provided. Thinking ecologically helps to understand the importance of contexts in people's lives, and directs the focus of interventions to higher levels of the ecological system in order to provide opportunities and resources that facilitate community integration. Finally, we believe that these results could contribute to informed social policy. Defining homelessness as an ecological problem, rather than an individual one, requires that social policies address those environmental stressors, in order to be effective. For this purpose, Housing First has much to contribute.

› References

- Aubry, T., Flynn, R., Virley, B. and Neri, J. (2013) Social Role Valorization in Community Mental Health Housing: Does it Contribute to the Community Integration and Life Satisfaction of People with Psychiatric Disabilities? , *Journal of Community Psychology* 41(2) pp.218-235.
- Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology, *Qualitative Research in Psychology* 3(2) pp.77-101.
- Brodsky, A., O'Campo, P. and Aronson, R. (1999) PSOC in Community Context: Multi-Level Correlates of a Measure of Psychological Sense of Community in Low Income, Urban Neighbourhoods, *Journal of Community Psychology* 27(6) pp.1-21.
- Calsyn, R.J. and Winter, J.P. (2002) Social Support, Psychiatric Symptoms, and Housing: A Causal Analysis, *Journal of Community Psychology* 30(3) pp.247-259.
- Carling, P. (1995) *Return to Community: Building Support Systems for People with Psychiatric Disabilities* (New York: Guilford).
- Cross, C. and Seager, J. (2010) Skeletons at the Feast: A Review of Street Homelessness, *HSRC Review* 8(2) pp.4-5.
- Evans, G., Wells, N., Chan, H.-Y. and Saltzman, H. (2000) Housing Quality and Mental Health, *Journal of Consulting and Clinical Psychology* 68(3) pp.526-530.
- Farrell, S., Aubry, T. and Coulombe, D. (2004) Neighbourhoods and Neighbours: Do they Contribute to Personal Well-Being? , *Journal of Community Psychology* 32(1) pp.9-25.
- Fisk, D., Sells, D. and Rowe, M. (2007) Sober Housing and Motivational Interviewing: The Treatment Access Project, *Journal Primary Prevent* 28(3-4) pp.281-293.
- Frankish, C., Hwang, S. and Quantz, D. (2005) Homelessness and Health in Canada: Research Lessons and Priorities, *Canadian Journal of Public Health* 96(2) pp.23-29.
- Greenwood, R.M., Schaefer-McDaniel, N., Winkel, G. and Tsemberis, S. (2005) Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness, *American Journal of Community Psychology* 36(3/4) pp.223-238.
- Gulcur, L., Tsemberis, S., Stefanic, A. and Greenwood, R. (2007) Community Integration of Adults with Psychiatric Disabilities and Histories of Homelessness, *Community Mental Health Journal* 43(3) pp.211-228.

Gould, T. E. and Williams, A. R. (2010) Family Homelessness: An Investigation of Structural Effects, *Journal of Human Behavior in the Social Environment* 20(2) pp.170-192.

Hall, G., Nelson, G. and Smith Fowler, H. (1987) Housing for the Chronically Mentally Disabled: Part I – Conceptual Framework and Social Context, *Canadian Journal of Community Mental Health* 6(2) pp.65-78.

Hwang, S., Stergiopoulos, V., O' Campo, P. and Gozdzik, A. (2012) Ending Homelessness among People with Mental Illness: The At Home/Chez Soi Randomized Trial of a Housing First Intervention in Toronto, *BMC Public Health* 12(1) p.787.

Kelly, J. (2006) *Becoming Ecological: An Expedition into Community Psychology* (New York: Oxford University Press).

Kirkpatrick, H. and Byrne, C. (2009) A Narrative Inquiry: Moving on from Homelessness for Individuals with a Major Mental Illness, *Journal of Psychiatric and Mental Health Nurse* 16(1) pp.68-75.

Kloos, B. and Shah, S. (2009) A Social Ecological Approach to Investigating Relationships between Housing and Adaptive Functioning for Persons with Serious Mental Illness, *American Journal of Community Psychology* 44(3/4) pp.316-326.

Lehman, A.F., and Cordray, D.S. (1993) Prevalence of Alcohol, Drug and Mental Disorders among the Homeless: One More Time, *Contemporary Drug Problems* 20 pp.355-383.

Levine, M., Perkins, D. and Perkins, D. (2005) *Principles of Community Psychology: Perspectives and Applications* (3rd Ed) (New York: Oxford University Press).

Low, J. and Gibson, S. (2011) Reflections of a Homeless Population's Lived Experience with Substance Abuse, *Journal of Community Health Nursing* 28(2) pp.92-100.

Mojtabai, R. (2005) Perceived Reasons for Loss of Housing and Continued Homelessness among Homeless Persons with Mental Illness, *Psychiatric Services* 56(2) pp.172-178.

Nelson, G., Clarke, J., Febraro, A. and Hatzipantelis, M. (2005) A Narrative Approach to the Evaluation of Supportive Housing: Stories of Homeless People who have Experienced Serious Mental Illness, *Psychiatric Rehabilitation Journal* 29(2) pp.98-104.

Nelson, G., Lord, J. and Ochocka, J. (2001) *Shifting the Paradigm in Community Mental Health: Towards Empowerment and Community* (Toronto: University of Toronto Press).

Nelson, G., Sylvestre, J., Aubry, T., George, L. and Trainor, J. (2007) Housing Choice and Control, Housing Quality, and Control over Professional Support as Contributors to the Subjective Quality of Life and Community Adaptation of People with Severe Mental Illness, *Administration and Policy in Mental Health and Mental Health Services Research* 34(2) pp.89-100.

Nemiroff, R., Aubry, T. and Klodawsky, F. (2011) From Homelessness to Community: Psychological Integration of Women who have Experienced Homelessness, *Journal of Community Psychology* 39(8) pp.1003-1018.

Newman, S. and Goldman, H. (2008) Putting Housing First, Making Housing Last: Housing Policy for Persons with Severe Mental Illness, *American Journal of Psychiatry* 165(10) pp.1242-1248.

Ornelas, J. (2008) *Psicologia Comunitária* (Lisboa: Fim de século).

Ornelas, J. (2013) *Casas Primeiro, Lisboa. Final Report for Housing First Europe Project* (Lisbon).

Padgett, D. (2007) There's No Place Like (A) Home: Ontological Security in the Third Decade of the 'Homelessness Crisis' in the United States, *Social Science and Medicine* 64(9) pp.1925-1936.

Padgett, D.K., Smith, B.T., Henwood, B.F. and Emmy Tiderington, E. (2012) Life Course Adversity in the Lives of Formerly Homeless Persons with Serious Mental Illness: Context and Meaning, *American Journal of Orthopsychiatry*. 82(3) pp.421-430.

Parkinson, S., Nelson, G. and Horgan, S. (1999) From Housing to Homes: A Review of the Literature on Housing Approaches for Psychiatric Consumer/ Survivors, *Canadian Journal of Community Mental Health* 18(1) pp.145-164.

Patterson, M., Rezansoff, S., Currie, L. and Somers, J. (2013) Trajectories of Recovery among Homeless Adults with Mental Illness Who Participated in a Randomized Controlled Trial of Housing First: A Longitudinal, Narrative Analysis, *BMJ Open* 3 pp.1-8.

Pearson, C., Montgomery, A. and Locke, G. (2009) Housing Stability among Homeless Individuals with Serious Mental Illness Participating in Housing First Programs, *Journal of Community Psychology* 37(3) pp.404-417.

Polvere, L., Piat, E. and Mcnaughton, M. (2013) Participant Perspectives on Housing First and Recovery: Early Findings from the At Home/Chez Soi Project, *Psychiatric Rehabilitation Journal* 36(2) pp.110-112.

- Prince, P. and Gerber, G. (2005) Subjective Well-Being and Community Integration among Clients of Assertive Community Treatment, *Quality of Life Research* 14(1) pp.161–169.
- Salzer, M. and Baron, R. (2006) *Community Integration and Measuring Participation* (Philadelphia, PA: University of Pennsylvania Collaborative on Community Integration).
- Shinn, M. and Gillespie, C. (1994) The Roles of Housing and Poverty in the Origins of Homelessness, *American Behavioral Scientist* 37(4) pp.505-521.
- Shinn M., Baumohl J., Hopper K. (2001) The Prevention of Homelessness Revisited, *Analyses of Social Issues and Public Policy* 1(1) pp.95-127.
- Siegel, C., Samuels, J., Tang, D., Berg, I., Jones, K. and Hopper, K. (2006) Tenant Outcomes in Supported Housing and Community Residences in New York City, *Psychiatric Services* 57(7) pp.982-991.
- Srebnik, D., Livingston, J., Gordon, L. and King, D. (1995) Housing Choice and Community Success for Individuals with Serious and Persistent Mental Illness, *Community Mental Health Journal* 31(2) pp.139-152.
- Stefanic, A. and Tsemberis, S. (2007) Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention, *Journal of Primary Prevention* 28(3-4) pp.265-279.
- Townley, G., Kloos, B. and Wright, P. (2009) Understanding the Experience of Place: Expanding Methods to Conceptualize and Measure Community Integration of Persons with Serious Mental Illness, *Health Place* 15(2) pp.520-531.
- Townley, G., Miller, H. and Kloos, B. (2013) A Little Goes a Long Way: The Impact of Distal Social Support on Community Integration and Recovery of Individuals with Psychiatric Disabilities, *American Journal of Community Psychology* 52(1-2) pp.84-96.
- Tsai, J., Mares, A. and Rosenheck, R. (2012) Does Housing Chronically Homeless Adults Lead to Social Integration?, *Psychiatric Services* 63(5) pp. 427-434.
- Tsai, J. and Rosenheck, R. (2012) Conceptualizing Social Integration among Formerly Homeless Adults with Severe Mental Illness, *Journal of Community Psychology* 40(4) pp.456-467.
- Tsemberis, S. and Eisenberg, R. (2000) Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities, *Psychiatric Services* 51(4) pp.487-493.

Tsemberis, S., Gulcur, L. and Nakae, M. (2004) Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with Dual Diagnosis, *American Journal of Public Health* 94(4) pp.651-656.

Tsemberis, S., Kent, D. and Respress, C. (2012) Housing Stability and Recovery among Chronically Homeless Persons with Co-Occurring Disorders in Washington, DC, *American Journal of Public Health* 102(1) pp.13-16.

Tsemberis, S., Rogers, S., Rodis, E., Dushuttle, P. and Skryha, V. (2003) Housing Satisfaction for Persons with Psychiatric Disabilities, *Journal of Community Psychology* 31(6) pp.581-590.

Yanos, P., Barrow, S. and Tsemberis, S. (2004) Community Integration in the Early Phase of Housing among Homeless Persons Diagnosed with Severe Mental Illness: Successes and Challenges, *Community Mental Health Journal* 40(2) pp.133-150.

Yanos, P., Felton, B., Tsemberis, S. and Frye, V. (2007) Exploring the Housing Type, Neighborhood Characteristics, and Lifestyle Factors in the Community Integration of Formerly Homeless Persons Diagnosed with Mental Illness, *Journal of Mental Health* 16(6) pp.703-717.

Yanos, P., Stefanic, A. and Tsemberis, S. (2012) Psychological Community Integration among People with Psychiatric Disabilities, *Journal of Community Psychology* 39(4) pp.390-401.

Ware, N., Hopper, K., Tuggenberg, T., Dickey, B. and Fisher, D. (2007) Connectedness and Citizenship: Redefining Social Integration, *Psychiatric Services* 58(4) pp.469-474.

Wong, Y. and Solomon, P. (2002) Community Integration of Persons with Psychiatric Disabilities in Supportive Independent Housing: A Conceptual Model and Methodological Considerations, *Mental Health Services Research* 4(1) pp.13-28.