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Recruitment and retention of homeless individuals with mental illness in a housing first intervention study

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ABSTRACT

Background: Homeless individuals with mental illness are challenging to recruit and retain in longitudinal research studies. The present study uses information from the Vancouver site of a Canadian multi-city longitudinal randomized controlled trial on housing first interventions for homeless individuals. We were able to recruit 500 participants and retain large number of homeless individuals with mental illness; 92% of the participants completed the 6-month follow up interview, 84% the 24-month follow up, while 80% completed all follow-up visits of the study.

Purpose: In this article, we describe the strategies and practices that we considered as critical for successful recruitment and retention or participants in the study.

Methods: We discuss issues pertaining to research staff hiring and training, involvement of peers, relationship building with research participants, and the use of technology and social media, and managing challenging situations in the context of recruitment and retention of marginalized individuals.

Conclusions: Recruitment and retention of homeless participant with mental illness in longitudinal studies is feasible. It requires flexible, unconventional and culturally competent strategies. Longitudinal research projects with vulnerable and hidden populations may benefit from extensive outreach work and collaborative approaches that are based on attitudes of mutual respect, contextual knowledge and trust.

1. Introduction

Homelessness has become one of the most pressing and complex social, health and political issues in many countries. Studies have consistently demonstrated particularly high prevalence rates of substance use and mental disorders among homeless populations in many Western countries including Canada [1,2], the US [3–5], Australia [6], and Europe [7–9].

Research on how to address this important issue has increased over the past decades but is still fraught with a number of challenges. For example, recruitment can be difficult because potential participants may be withdrawn, socially alienated, distrustful of research projects, or absorbed with the demands of their current challenges. Researchers in this field need to develop effective outreach strategies in order to obtain adequately sized and representative samples [10]. Another issue common to longitudinal studies is participant attrition. Attrition can introduce bias if participants lost to follow-up differ from those retained in the study, particularly if the characteristics distinguishing completers versus non-completers are associated with the outcome measures [11,12]. Factors such as residential instability, involvement in the justice system, cognitive impairment, and high rates of substance use makes retention of homeless individuals in longitudinal studies particularly challenging.

In recent years, researchers have identified a number of effective strategies to recruit and retain marginalized and hard-to-reach populations in longitudinal studies [13–16]. Homeless individuals with mental illnesses overlap with several other at-risk groups, e.g., populations with high rates of injection drug use, HIV, and members of ethnic minority groups (e.g., [17,18]). In 1996, Hough and colleagues [10] summarized successful strategies for the recruitment and retention of

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homeless mentally ill participants. However, the use of recently developed technologies such as e-mail, text messaging, and social media has received little attention.

The current paper, which was written by both researchers and field interviewers, describes the strategies and practices that we considered as critical for successfully recruiting and retaining homeless participants with mental illness for the Vancouver site of the At Home/Chez Soi Study, a Canadian housing intervention study. Furthermore, we will discuss a number of barriers and challenges faced in recruiting and retaining such participants. The paper may offer direction, recommendations, and inspiration to other researchers who are planning to conduct longitudinal studies with this population.

2. Summary of the At Home/Chez Soi study methodology

The At Home/Chez Soi Study is a randomized-controlled trial (RCT) examining the effects of different housing interventions for homeless adults with mental illness in five Canadian cities. Study design and sample size were determined by the At Home/Chez Soi National Research Team, which monitored activities at the different study sites. Details related to the RCT protocol and study procedures are described in detail elsewhere for both the multi-centre elements [19] and the Vancouver design [20].

Eligibility criteria in Vancouver included legal adult status (19 years and older), current mental disorder and being either absolutely homeless or precariously housed. Current mental disorder was determined using the Mini-International Neuropsychiatric Interview (MINI) [21] for the assessment of the following diagnoses based on criteria of the Diagnostic and Statistical Manual of Mental Disorders: major depressive episode, manic or hypomanic episode, post-traumatic stress disorder, mood disorder with psychotic features, and psychotic disorder. Where possible, mental disorder status was corroborated by physician diagnosis.

“Absolute homelessness” was defined as living on the streets or in an emergency shelter for at least the past seven nights with little likelihood of obtaining secure accommodation in the upcoming month. “Precariously housed” was defined as living in a rooming house, hotel, or other transitional housing; in addition, these individuals must have experienced at least two episodes of absolute homelessness or a single episode lasting at least four weeks during the past year.

In Vancouver, participants were recruited through referral from over 40 agencies available to homeless adults; the majority was recruited from shelters, drop-in centers, outreach teams, hospitals, community mental health teams, and criminal justice programs. We specifically targeted organizations that serve women, youth, aboriginal peoples, and gay/lesbian/transgender individuals in order to obtain a sample as diverse and representative as possible. All participants met face-to-face with a trained interviewer who confirmed study eligibility, explained procedures, and obtained informed consent. An honorarium of $5 was provided for the screening process. Institutional ethics board approval was obtained through Simon Fraser University and the University of British Columbia.

Eligible individuals completed a comprehensive baseline assessment including a variety of psychiatric, psychosocial, and health related measures and an overview of all measures used is published in detail elsewhere (see 19 and 20). Based on the results of the baseline assessment, participants' level of need was categorized as “high” or “moderate” by the following computer algorithm: [participants'] needs were categorized as “high” if they 1) met criteria for a current Psychotic Disorder or Manic/Hypomanic Episode on the MINI, *and* 2) received a total score of 62 or lower on the Multnomah Community Ability Scale (MCAS), a scale designed to measure daily functioning of individuals with severe mental illness [22,23], *and* 3) reported at least one of the following: (a) two or more hospitalizations for mental illness during the last five years, (b) met criteria for current substance abuse or dependence on the MINI, or (c) reported arrest or incarceration in the past six months. All other study participants were categorized as having “moderate” needs. This categorization was grounded on clinical and functional considerations regarding individuals living with psychiatric illness: The presence or psychotic disorders and/or manic/hypomanic episodes, the presence of a concurrent substance use disorder, and repeated hospitalization due to mental illness were considered as indicators for high severity and chronicity of the participants' mental condition. Furthermore, a low score on the MCAS, the Multnomah Community Ability Scale, which measures daily functioning in the community context, as well as recent incarceration were considered as indicators of impaired or low psychosocial functioning.

It was assumed that a high severity and chronicity of the current mental illness and low psychosocial functioning would require (‘need’) more intense and/or more frequent psychosocial support, services and care.

Following the level of need categorization, participants were randomly assigned to receive either a Housing First intervention (i.e., an accommodation plus psychosocial support) or to usual care (i.e., participants received no active intervention through the study but were permitted to access any available form of care and housing by themselves). Participant flow through eligibility screening, need level assessment, and allocation to study arm is visualized in Fig. 1.

All participants were followed for 24 months through four comprehensive and four brief follow-up interviews conducted at three-month intervals. Recruitment and randomization were conducted between October 2009 and June 2011. Because the final follow up assessment is still in progress, we used only data until the 21-month follow up assessment for the current study. The last 24-month follow up interview was conducted on March 25, 2013.

3. Recruitment and retention statistics

Of all five participating sites, Vancouver was a successful study site with timely recruitment (of N = 500 participants) and high attrition [27].

Table 1 describes the retention rates for each follow up at time point 6, 12, 18, and 24 months, where the full interview batteries were administered. The completion rate for each visit ranged between 83.7% and 92.4%. 79.6% attended all four visits, while only 4.6% of the participants did not attend any follow-up visit. Table 2 compares participants who had no follow up visit with participants who had at least one follow up visit on socio-demographic and clinical variables. Tables 3a, 3b, 3c, and 3d are showing comparisons of socio-demographic characteristics by 6, 12, 18, and 24-month follow up completion status respectively.

Student's t-test and Fishers exact test were conducted to compare continuous and categorical variables between groups respectively. We found no significant differences with respect to socio-demographic and clinical variables, except housing status (absolutely homelessness versus precariously housed) in the 18 months follow up interview and lifetime duration of homelessness in the 24 months follow up. The following sections highlight the specific strategies our team has used to complete timely recruitment and maintain high retention rates.

4. Description of recruitment and retention strategies

4.1. Selection of and work with the field interviewers

We hired interviewers who had extensive experience working with homeless individuals and community-based organizations, and who possessed strong interpersonal skills. Given that many baseline and follow-up interviews were conducted in the community, we hired staff who were self-motivated and felt comfortable working alone and in an unstructured and often chaotic work environment. Interviewers were required to have some existing knowledge of basic research concepts including confidentiality, bias, and standardized administration of