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The Mental Health of Homeless Mothers: Does the relationship between mothering and mental health vary by duration of homelessness?

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Abstract

Objectives: This study draws on baseline data from the At Home/Chez Soi demonstration project to examine the association between parenting status and mental health among homeless women and whether the association varies by duration of homelessness.

Setting: Structured interviews were conducted with participants in 5 cities across Canada including Moncton, Montreal, Toronto, Vancouver and Winnipeg.

Participants: Eligibility criteria included those aged 19 years or older, with a mental illness, and who lacked a regular, fixed shelter. All 708 women who participated in the larger project were selected for inclusion in this analysis.

Measures: The mental health conditions of interest include depression, post-traumatic stress disorder, alcohol dependence and substance dependence.

Results: The relationship between parenting status and depression, as well as post-traumatic stress disorder (PTSD), varied by duration of homelessness. Among women who had been homeless for less than 2 years, no relationship was found between parenting status and depression, or PTSD. However, among women who had been homeless for 2 or more years, the odds of depression was twice as high among parenting women compared to others (aOR = 2.05, $p \leq 0.05$). A similar relationship was found between parenting status and PTSD (aOR = 2.03, $p \leq 0.05$). The odds of substance dependence was found to be 2.62 times greater among parenting women compared to others and this relationship did not vary by duration of homelessness (aOR = 2.62; 95% CI: 1.86, 3.69). No relationship was found between parenting and alcohol dependence.

Conclusions: Overall, the findings from this study suggest that there is something about long-term homelessness that is related to mothers' risk of poor mental health. Given the multiple

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3 demands mothers face, a failure to recognize their unique needs is likely to contribute to
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5 intergenerational legacies of homelessness and mental health problems.
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Strengths and Limitations:

- An important strength of this study is the relatively large sample of homeless women across Canada (n = 708).
- The main limitation of this study surrounds the cross-sectional analysis as reverse causation is a possibility given that the temporality of events cannot be accounted for.

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Background

Families are currently the fastest growing segment of the homeless population in North America [1-3]. The literature surrounding homeless families is dominated by the experiences of mothers within the shelter system, particularly their struggle to maintain their family structure. Sheltered families are more visible and vulnerable to a “fishbowl” effect as homeless mothers are parenting in a public environment under circumstances of poverty and housing instability where stress levels are high and coping skills are strained [1]. These circumstances tend to magnify family problems and involuntary family fragmentation through child welfare involvement is a high risk [4]. As a result, while the majority of homeless families are headed by single mothers of minor-aged children [5-6], most young children do not live with their homeless mothers [6-7].

Although motherhood is recognized as a vital source of meaning and identity for most women [8-9], among homeless mothers, mental health problems are thought to be rooted, in part, in an undermining of their feelings of competency as a parent [10]. This perception of failure may promote feelings of shame, unworthiness and low self-esteem. For mothers whose children have been apprehended by child welfare services, the grief and rage is often so great that many women cannot fully remember the event clearly [11-12]. Further, the apprehension of their children serves to increase emotions of loss—depression, grief, and pain compounded by guilt and anger [13-14]. Moreover, mother-child separations often contribute an added stress for women who are not only seeking secure housing, but are seeking housing in an effort to reunite with their children. These symptoms and circumstances are often unacknowledged by health and social workers involved in homeless mothers’ lives as many mental health assessments do not take into account how the mothering role may be relevant to a woman’s mental health [15]. Each of these factors puts the woman at risk for chronic psychological suffering¹² and explicitly

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2
3 discourages homeless mothers from maintaining their family structure and retaining custody of
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5 their children [16]. It is these complex circumstances that suggest that homeless mothers of
6
7 young children may suffer from unique patterns of mental health problems compared to
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9 homeless women who are not mothers or who have grown children.
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12 While there is a growing body of literature addressing the challenges and mental health
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14 needs facing homeless women, much of the literature does not account for the heterogeneity
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16 among women by suggesting that homeless mothers who no longer have custody of their
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18 children are the same as single women with no children. In a number of studies, homeless
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20 women are identified as either accompanied by children or unaccompanied by children [17-21].
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22 For the majority of homeless mothers who are not accompanied by their children, this
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24 categorization disregards their role as mothers by combining women who are separated from
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26 their children with women who have no children.
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31 The connections between family circumstances and mental health among homeless
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33 women are not well understood. It is also unclear how family circumstances influence pre-
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35 existing mental health problems. Given the high risk for child apprehension and the impact of
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37 family fragmentation on a woman's mental health, this is an important gap in the literature that
38
39 poses a substantial barrier to our understanding of the impact of family circumstances on the
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41 service needs of homeless mothers. As Barrow and Laborde (2008) point out, the inability to
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43 better understand the circumstances of homeless mothers creates a population of "invisible
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45 mothers" who are separated from their children and ignored [17]. Without a comprehensive
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47 understanding of the complex web of issues and needs that homeless mothers struggle with,
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49 social services and policies designed to support them will be inadequate.
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This study seeks to contribute to our knowledge surrounding: a) the challenges facing homeless women through a better understanding of the role of mothering status on the mental health of homeless women, and b) whether or not the duration of homelessness moderates the relationship between mothering and mental health. By drawing from a national sample of homeless women with mental health problems, this study is positioned to not only document the mental health problems of homeless women but to assess whether or not differences in the patterns and severity of mental health problems exist based upon parenting status and duration of homelessness. Given the growing rate of homelessness among families, obtaining a better understanding of the connections between family circumstances and mental health among homeless women is a critical issue.

Methods

This analysis draws from the sub-sample of women who participated in the At Home/Chez Soi Study (AHS). The AHS is a national demonstration project funded by the Mental Health Commission of Canada (MHCC) that was conducted in 5 sites across Canada: Moncton, Montreal, Toronto, Vancouver and Winnipeg. The 4-year randomized controlled trial, conducted during 2009-2013, was based on a Housing First model and designed to provide evidence about what service and system interventions achieve improved housing stability, health and well-being for the target population of homeless adults living with mental illness. Unlike other housing programs, the Housing First model assists participants in community integration through the provision of independent, scattered-site housing and client-centred services without a requirement for sobriety or active treatment as a condition for participation [22].

Study participants were recruited through referrals from a wide variety of agencies in the community including housing, mental health, and criminal justice programs and were

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2
3 randomized to either treatment as usual (no housing or support through the study) or to housing
4 and support interventions based upon their level of need. Eligibility criteria included those aged
5
6 19 years or older, with a mental illness, and who lacked a regular, fixed shelter or whose primary
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8 residence was a single room occupancy, rooming house, or hotel/motel. At baseline,
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10 questionnaire data were collected surrounding socio-demographic characteristics, symptoms of
11
12 mental illness, patterns of substance use, and duration of homelessness.
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19 Detailed information surrounding mental health conditions was obtained through
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21 administration of the MINI-International Neuropsychiatric Interview (MINI). The MINI is a
22
23 brief and structured diagnostic interview developed to screen for the most common psychiatric
24
25 disorders. The instrument has been validated against other diagnostic interviews including the
26
27 Composite International Diagnostic Interview (CIDI) and has been found to have a good level of
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29 concordance and a high level of reliability [23]. The mental health conditions of interest in this
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31 analysis include major depression, post-traumatic stress disorder (PTSD), alcohol dependence
32
33 and substance dependence as they have been found to be prevalent in site specific AHS samples
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35 [24-27] as well as populations of women living in poverty [28-29].
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41 The AHS has been registered with the World Health Organization's International Clinical
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43 Trials Registry Platform (ISRCTN66721740 and ISRCTN57595077) and has been approved by
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45 the Research Ethics Boards at all participating organizations. More specific details regarding the
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47 study design and methods have been published elsewhere [25-26, 30].
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51 This study draws from the sub-sample of 708 women who completed the baseline
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53 questionnaire. The analysis begins with an investigation of the socio-demographic
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55 characteristics and mental health conditions of the women and bivariate comparisons by
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mothering status. A second bivariate comparison examines mental health conditions by duration of homelessness, followed by a series of multivariable logistic regression models that examine the relationship between mothering status and each mental health condition of interest and whether or not duration of homelessness modifies the relationship.

Results

Socio-Demographic Characteristics and Mental Health Conditions of Mothers

As shown in Table 1, the women in the sample are primarily aged 25-44 years of age (53 percent), single and never married (66 percent), and of minority background (53 percent).

Approximately half of the women reported less than a high school education and experienced 2 or more years of homelessness. Significant differences in the socio-demographic characteristics of the sample were found by mothering status. Women with children were more likely to be of Aboriginal background, have reported less than a high school education, be married or partnered, and have experienced 2 or more years of homelessness compared to women without children.

Table 1. Socio-Demographic Characteristics by Mothering Status

Socio-demographic Characteristics	Mothering Status						
	Overall		Yes		No		
	n	%	n	%	n	%	
Race/ethnicity							**
White	331	46.8	110	33.2	221	66.8	
Aboriginal	185	26.1	119	64.3	66	35.7	
Other, mixed background	192	27.1	63	32.8	129	67.2	
Age (y)							**
< 25	78	11.0	32	41.0	46	59.0	
25-44	372	52.5	204	54.8	168	45.2	
45 and older	258	36.4	56	21.7	202	78.3	
High school education ^a							**
Yes	341	48.4	117	34.3	224	65.7	
No	363	51.6	173	47.7	190	52.3	
Marital status ^a							*
Single, never married	466	66.1	192	41.2	274	58.8	
Married/partnered	40	5.7	24	60.0	16	40.0	

	Separated/widowed/divorced	199	28.2	75	37.7	124	62.3	
Social support (close friend)								
	Yes	394	56.0	161	40.9	233	59.1	
	No	310	44.0	128	41.3	182	58.7	
Duration of homelessness, lifetime ^a								
	< 2 years	368	52.0	130	35.3	238	64.7	
	≥ 2 years	340	48.0	162	47.6	178	52.4	
Total		708		292	41.2	416	58.8	

** $p \leq 0.01$, * $p \leq 0.05$

a: Numbers may not sum to total as a result of missing data.

As presented in Table 2, rates of mental health conditions among the women in the sample were high. Over half of the sample met criteria for major depression (58 percent) and 42 percent met criteria for PTSD. Substance and alcohol dependence were also common (47 percent and 32 percent, respectively). Further, women with children were significantly more likely to meet criteria for all mental health conditions compared to women without children. Here, rates of substance dependence were almost twice as high among women with children compared to women without children (56 percent versus 29 percent, respectively). And, rates of major depression, PTSD and alcohol dependence were almost 40 percent greater among women with children compared to others. As shown in Figure 1, rates of mental health conditions also varied by duration of homelessness.

Table 2. Mental Health Conditions by Mothering Status

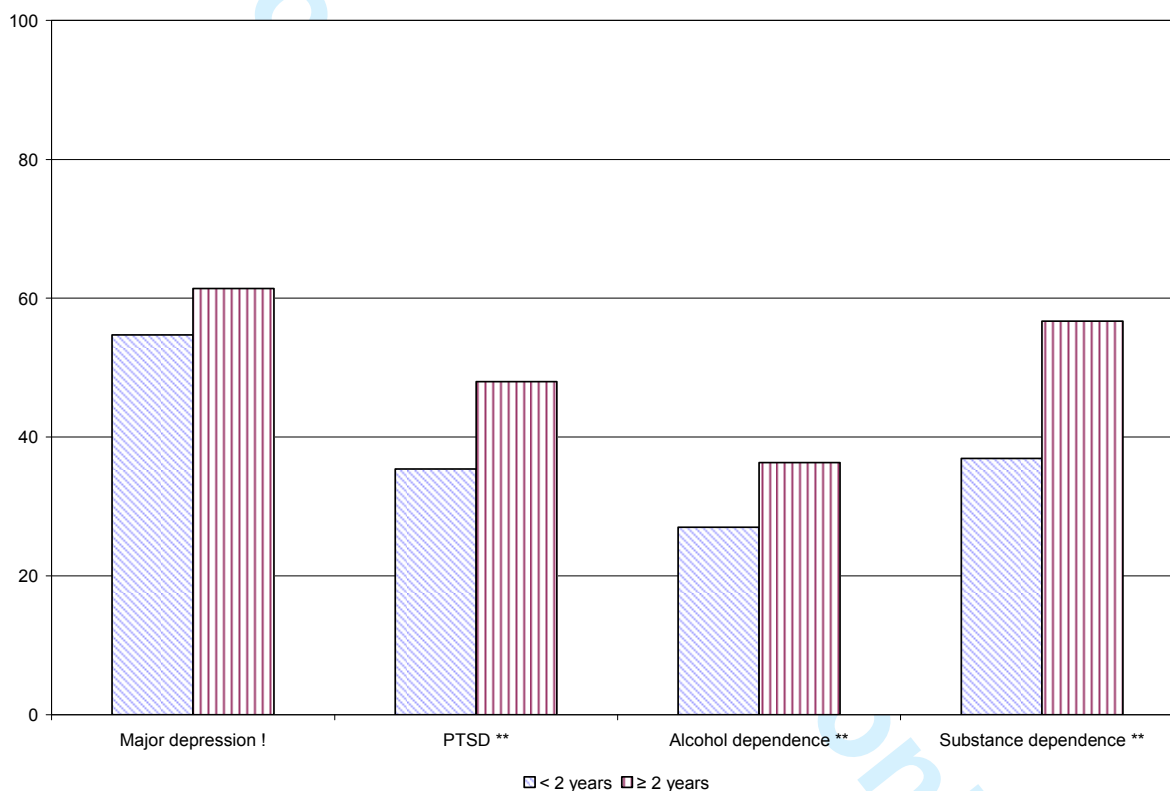
Mental Health Conditions	Mothering Status							
	Overall		Yes		No			
	n	%	n	%	n	%		
Major depression							**	
	Yes	413	58.3	193	46.7	220	53.3	
	No	295	41.7	99	33.6	196	66.4	
PTSD ^a							**	
	Yes	294	41.6	145	49.3	149	50.7	
	No	413	58.4	146	35.4	267	64.6	
Alcohol dependence							**	
	Yes	223	31.5	114	51.1	109	48.9	
	No	485	68.5	178	36.7	307	63.3	

Substance dependence								**
Yes	329	46.5	183	55.6	146	44.4		
No	379	53.5	109	28.8	270	71.2		
Total	708		292	41.2	416	58.8		

** $p \leq 0.01$, * $p \leq 0.05$

a: Numbers may not sum to total as a result of missing data.

Figure 1. Rates of Mental Health Problems by Duration of Homelessness



** $p \leq 0.01$, * $p \leq 0.05$; ! $p \leq 0.10$

Effects of Mothering Status and Duration of Homelessness on Mental Health

The multivariable analysis allows for a deeper investigation of the potential for duration of homelessness to moderate the relationship between mothering status and mental health conditions among homeless women in the sample. Tables 3 through 6 present summary logistic regression results predicting each of the 4 mental health conditions of interest, disaggregated by

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3 duration of homelessness, while controlling for socio-demographic characteristics that might
4 account for the effects of mothering status. A final model is also presented that includes the
5 effects of mothering status, duration of homelessness and an interaction term, if appropriate.
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10 Table 3 presents the results examining the effect of mothering on major depression,
11 comparing models among women who were homeless for less than 2 years with women who
12 were homeless for 2 or more years. The results indicate that, among women who were homeless
13 for 2 or more years, mothering is positively associated with major depression. Further, the odds
14 of major depression among mothers is twice that of women who are not mothers. No significant
15 relationship between mothering status and major depression was found among women who had
16 been homeless for less than 2 years. The final interaction model assesses the question of whether
17 or not duration of homelessness moderates the relationship between mothering status and major
18 depression. The statistically significant interaction term indicates that the relationship between
19 mothering status and major depression does indeed vary by duration of homelessness.
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34 In Table 4, a similar set of results examine the effect of mothering on PTSD, again
35 comparing models for women who were homeless for less than 2 years to women who were
36 homeless for 2 or more years. The results indicate that, among women who were homeless for 2
37 or more years, mothering is positively associated with PTSD. Here, the odds of PTSD among
38 mothers is almost twice that of women who are not mothers. No significant relationship between
39 mothering status and PTSD was found among women who had been homeless for less than 2
40 years. The final interaction model indicates that the interaction term between mothering status
41 and duration of homelessness is not statistically significant at the .05 level.
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53 Table 5 presents the results assessing the effect of mothering on alcohol dependence,
54 comparing models by duration of homelessness. Here, mothering status was not associated with
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alcohol dependence among either group of women. Further, in the final model, neither mothering status nor duration of homelessness was associated with alcohol dependence.

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Table 3. Summary of Logistic Regression Results Predicting Major Depression by Duration of Homelessness

	Major Depression Models ^a											
	Homeless < 2 years			Homeless ≥ 2 years				Final model ^b				
	β	aOR	95% CI	β	aOR	95% CI		β	aOR	95% CI		
Mothering	-0.05	0.96	(0.60, 1.50)	0.72	2.06	(1.26, 3.36)	**	-0.06	0.94	(0.60, 1.49)		
Homeless ≥ 2 years	--			--				-0.18	0.84	(0.56, 1.26)		
Interaction term	--			--				0.77	see b below	(1.13, 4.16)	*	

** $p \leq 0.01$, * $p \leq 0.05$; ! $p \leq 0.10$

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Summary of aOR's for the association between mothering and depression by duration of homelessness:

	Homeless < 2 years	Homeless ≥ 2 years
Mothering	0.94	2.05

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Table 4. Summary of Logistic Regression Results Predicting PTSD by Duration of Homelessness

	PTSD Models ^a										
	Homeless < 2 years			Homeless ≥ 2 years				Final model ^b			
	β	aOR	95% CI	β	aOR	95% CI		β	aOR	95% CI	
Mothering	0.07	1.08	(0.67, 1.73)	0.66	1.93	(1.20, 3.09)	**	0.09	1.09	(0.69, 1.74)	
Homeless ≥ 2 years	--			--				0.17	1.19	(0.78, 1.81)	
Interaction term	--			--				0.53	see b below	(0.90, 3.23)	!

** p ≤ 0.01, * p ≤ 0.05; ! p ≤ 0.10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Summary of aOR's for the association between mothering and PTSD by duration of homelessness:

	Homeless < 2 years	Homeless ≥ 2 years
Mothering	1.09	2.03

Table 5. Summary of Logistic Regression Results Predicting Alcohol Dependence by Duration of Homelessness

	Alcohol Dependence Models ^a										
	Homeless < 2 years			Homeless ≥ 2 years			Final model ^b				
	β	aOR	95% CI	β	aOR	95% CI	β	aOR	95% CI		
Mothering	-0.12	0.89	(0.52, 1.52)	0.25	1.28	(0.75, 2.20)	0.06	1.06	(0.73, 1.55)		
Homeless ≥ 2 years	--			--			0.07	1.08	(0.75, 1.55)		
Interaction term	--			--			--				

** $p \leq 0.01$, * $p \leq 0.05$; ! $p \leq 0.10$

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Interaction term was not significant in the final model.

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Table 6. Summary of Logistic Regression Results Predicting Substance Dependence by Duration of Homelessness

	Substance Dependence Models ^a											
	Homeless < 2 years				Homeless ≥ 2 years				Final model ^b			
	β	aOR	95% CI		β	aOR	95% CI		β	aOR	95% CI	
Mothering	1.07	2.92	(1.80, 4.74)	**	0.88	2.40	(1.47, 3.94)	**	0.96	2.62	(1.86, 3.69)	**
Homeless ≥ 2 years	--				--				0.66	1.94	(1.39, 2.70)	**
Interaction term	--				--				--			

** p ≤ .01, * p ≤ .05; ! p ≤ .10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Interaction term was not significant in the final model.

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Finally, in Table 6, the role of mothering status on substance dependence was examined. Here, mothering status was found to be positively associated with substance dependence among the women who had been homeless for 2 or more years as well as women who had been homeless for less than 2 years. Among women who had been homeless for 2 or more years, the odds of substance dependence among mothers was over twice that of women who are not mothers. Further, among women who had been homeless for less than 2 years, the odds of substance dependence was almost three times that of non-mothers. These disaggregated results indicate that duration of homelessness does not moderate the relationship between mothering status and substance dependence. Thus, the final model does not include an interaction term and the results reveal that mothering status and duration of homelessness operate independently on substance dependence. Here, the odds of substance dependence is 2.6 times greater among women who are mothers compared to non-mothers and 1.9 times greater among women who have been homeless for 2 or more years compared to non-mothers.

35 Discussion

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This analysis has examined the role of mothering on the mental health of homeless women within a context of family homelessness. While a research agenda exists that has focused on the mental health and service needs of homeless populations, much less attention has been paid to homeless families. Further, much of the literature on homeless families focuses on the experiences of mothers within the shelter system and mothers' attempts to maintain their family structure while parenting in public [1-2, 4, 6, 18, 31-37]. Although this literature highlights some of the issues surrounding family homelessness, the connections between family circumstances and mental health among homeless women and how family circumstances might influence pre-existing mental health conditions are not well understood. The current study

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2
3 examined whether the mothering role is associated with the mental health of homeless women,
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5 and whether or not the duration of homelessness moderates the relationship between mothering
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7 and mental health.
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10 *Effects of Mothering on Mental Health*

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14 Overall, rates of all mental health conditions of interest were high among this national
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16 sample of homeless women. This is not unexpected given the longstanding literature that speaks
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18 to poor mental health among individuals living in poverty [28-29]. Further, the selection criteria
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20 for participation in the AHS included a mental illness. However, in bivariate analyses, women
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22 with children experienced higher rates of mental health conditions compared to women without
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24 children. This finding is in keeping with results drawn from the Commonwealth Fund 1998
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26 Survey of Women's Health where poor single mothers were found to have higher levels of
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28 depression compared to poor non-mothers [38]. In multivariable models, evidence of the effect
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30 of mothering status on mental health was mixed. Controlling for other factors, no differences in
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32 alcohol dependence were found among mothers compared to women without children indicating
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34 that mothering status does not predispose or protect a poor woman from alcohol problems.
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36 However, mothers were significantly more likely to meet criteria for substance dependence
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38 compared to women without children. While this finding could indicate that poor women with
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40 children are more inclined toward substance dependence, it is equally likely that women with
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42 substance dependence problems are more likely to have children.
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49 *Effects of Duration of Homelessness on Mothering and Mental Health*

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53 The duration of homelessness was also found to be related to mental health. In bivariate
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55 analyses, rates of PTSD, alcohol dependence and substance dependence were found to be
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3 significantly higher among women who had been homeless for 2 or more years compared to
4 women who had been homeless for less than 2 years. While not statistically significant at the
5
6 0.05 level, a similar trend was seen for major depression. In multivariable analyses, the
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8 relationship between duration of homelessness and mental health was more complex. On the one
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10 hand, duration of homelessness was found to be positively related to substance dependence,
11
12 controlling for other variables. These results are consistent with other research on the
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14 relationship between prolonged and persistent homelessness and substance dependence [39]. On
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16 the other hand, no independent relationship between duration of homelessness and alcohol
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18 dependence was found. Although this finding is inconsistent with previous research conducted
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20 by Patterson et al (2011), the lack of correspondence across studies may be explained by the
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22 different samples and alcohol related measures examined. Further, Patterson et al did not
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24 disaggregate their analyses by sex suggesting that there may be differences between men and
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26 women in how duration of homelessness relates to alcohol problems.
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34 This study also found that the relationship between mothering and major depression
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36 varied by duration of homelessness. Among women who had been homeless for less than 2
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38 years, mothers were no more likely than women without children to experience major
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40 depression. It's not until women experienced prolonged homelessness that mothers were more
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42 likely to be depressed compared to women without children. A similar pattern was found for
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44 PTSD.
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48 The findings from this study also suggest a multi-faceted relationship between the
49
50 duration of homelessness, mothering and various mental health conditions among women living
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52 in poverty. While complex interactions exist between motherhood and various social, economic,
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54 and health factors (such as education, income, and employment) [40-41], the burden of multiple
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3 stressors relates to poorer mental health and as the number of stressors increases, the probability
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5 of poor outcomes increases [38]. Here, we found some evidence that the stress of prolonged
6
7 homelessness seems to have a stronger effect on women who are mothering compared to women
8
9 who are not. This is likely, in part, because mothers faced with the stress of poverty and housing
10
11 instability must do their best to care for their children while also overcoming adverse life
12
13 circumstances. When a family's financial resources and social supports are in short supply,
14
15 women with children must stretch their limited resources further to meet both their own needs
16
17 and those of their children. In short, it is more problematic to be living in poverty when you
18
19 have dependents than when you do not, because more family members are sharing the limited
20
21 resources. Further, as the duration of homelessness increases, the likelihood of involuntary
22
23 family fragmentation through child welfare involvement is a high risk as are the mental health
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25 consequences of the trauma of losing child custody. Moreover, the intergenerational legacies
26
27 related to homelessness, mental illness, and foster care have untold consequences for children.
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33 34 *Limitations*

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37 While this study provides important insight into the relationship between the duration of
38
39 homelessness and mental health among women who are mothers, the results should be
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41 considered in light of several methodological limitations. The most important limitation of this
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43 analysis is the possibility of reverse causation. The cross-sectional analysis is unable to
44
45 discriminate between the impact of mothering on mental health and the possibility that women
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47 who have mental health conditions are more likely to be mothers. While this is an important
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49 limitation with regard to the temporality of events, the results do provide important information
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51 about the broad associations between the duration of housing instability, mothering
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53 circumstances, and mental health among women in Canada.
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Conclusions

Overall, the findings from this study suggest, not surprisingly, that there is something about long-term homelessness that is related to mothers' risk of poor mental health. One can only speculate on the mechanisms involved as further research is necessary to better understand the pathways at hand. In the meantime, housing policies and services that seek to re-house mothers in a timely fashion may serve to protect mothers' mental health. Given the multiple demands mothers face in their efforts to maintain their family, reunite with their children, or mourn the loss of children who are no longer in their care, a failure to attend to their unique needs is likely to contribute to intergenerational legacies of homelessness and mental health problems.

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Contributorship Statement:

All authors participated in the conception and development of this manuscript. DZ conducted the analyses and wrote the first draft of the manuscript; MP and AW revised the manuscript. All authors critically read and approved the final version.

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Competing Interests:

The authors have no competing interests.

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Data Sharing:

The At Home/Chez Soi data can be accessed by contacting Paula Goering, the national Research Lead, at: paula.goering@camh.net.

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The Mental Health of Homeless Mothers: Does the relationship between mothering and mental health vary by duration of homelessness?

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Secondary Subject Heading:	Addiction, Epidemiology, Health services research, Public health
Keywords:	MENTAL HEALTH, EPIDEMIOLOGY, Adult psychiatry < PSYCHIATRY, Depression & mood disorders < PSYCHIATRY, Substance misuse < PSYCHIATRY, PUBLIC HEALTH

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Manuscripts

The Mental Health of Homeless Mothers: Does the relationship between mothering and mental health vary by duration of homelessness?

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KEYWORDS: Homeless women, mental health, substance dependence, alcohol dependence, depression, PTSD

Word count: 3168

Abstract

Objectives: This study draws on baseline data from the At Home/Chez Soi demonstration project to examine the association between parenting status and mental health among homeless women and whether the association varies by duration of homelessness.

Setting: Structured interviews were conducted with participants in 5 cities across Canada including Moncton, Montreal, Toronto, Vancouver and Winnipeg.

Participants: Eligibility criteria included those aged 19 years or older, with a mental illness, and who lacked a regular, fixed shelter. All 708 women who participated in the larger project were selected for inclusion in this analysis.

Measures: The mental health conditions of interest include depression, post-traumatic stress disorder, alcohol dependence and substance dependence.

Results: The relationship between parenting status and depression, as well as post-traumatic stress disorder (PTSD), varied by duration of homelessness. Among women who had been homeless for less than 2 years, no relationship was found between parenting status and depression, or PTSD. However, among women who had been homeless for 2 or more years, the odds of depression was twice as high among parenting women compared to others (aOR = 2.05, $p \leq 0.05$). A similar relationship was found between parenting status and PTSD (aOR = 2.03, $p \leq 0.05$). The odds of substance dependence was found to be 2.62 times greater among parenting women compared to others and this relationship did not vary by duration of homelessness (aOR = 2.62; 95% CI: 1.86, 3.69). No relationship was found between parenting and alcohol dependence.

Conclusions: Overall, the findings from this study suggest that there is something about long-term homelessness that is related to mothers' risk of poor mental health. Given the multiple

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demands mothers face, a failure to recognize their unique needs is likely to contribute to intergenerational legacies of homelessness and mental health problems.

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Strengths and Limitations:

- An important strength of this study is the relatively large sample of homeless women across Canada (n = 708).
- The main limitation of this study surrounds the cross-sectional analysis as reverse causation is a possibility given that the temporality of events cannot be accounted for.

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Background

Families are currently the fastest growing segment of the homeless population in North America [1-3]. The literature surrounding homeless families is dominated by the experiences of mothers within the shelter system, particularly their struggle to maintain their family structure. Sheltered families are more visible and vulnerable to a “fishbowl” effect as homeless mothers are parenting in a public environment under circumstances of poverty and housing instability where stress levels are high and coping skills are strained [1]. These circumstances tend to magnify family problems and involuntary family fragmentation through child welfare involvement is a high risk [4]. As a result, while the majority of homeless families are headed by single mothers of minor-aged children [5-6], most young children do not live with their homeless mothers [6-7].

Although motherhood is recognized as a vital source of meaning and identity for most women [8-9], among homeless mothers, mental health problems are thought to be rooted, in part, in an undermining of their feelings of competency as a parent [10]. This perception of failure may promote feelings of shame, unworthiness and low self-esteem. For mothers whose children have been apprehended by child welfare services, the grief and rage is often so great that many women cannot fully remember the event clearly [11-12]. Further, the apprehension of their children serves to increase emotions of loss—depression, grief, and pain compounded by guilt and anger [13-14]. Moreover, mother-child separations often contribute an added stress for women who are not only seeking secure housing, but are seeking housing in an effort to reunite with their children. These symptoms and circumstances are often unacknowledged by health and social workers involved in homeless mothers’ lives as many mental health assessments do not take into account how the mothering role may be relevant to a woman’s mental health [15]. Each of these factors puts the woman at risk for chronic psychological suffering¹² and explicitly

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3 discourages homeless mothers from maintaining their family structure and retaining custody of
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5 their children [16]. It is these complex circumstances that suggest that homeless mothers of
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7 young children may suffer from unique patterns of mental health problems compared to
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9 homeless women who are not mothers or who have grown children.
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12 While there is a growing body of literature addressing the challenges and mental health
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14 needs facing homeless women, much of the literature does not account for the heterogeneity
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16 among women by suggesting that homeless mothers who no longer have custody of their
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18 children are the same as single women with no children. In a number of studies, homeless
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20 women are identified as either accompanied by children or unaccompanied by children [17-21].
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22 For the majority of homeless mothers who are not accompanied by their children, this
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24 categorization disregards their role as mothers by combining women who are separated from
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26 their children with women who have no children.
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31 The connections between family circumstances and mental health among homeless
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33 women are not well understood. It is also unclear how family circumstances influence pre-
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35 existing mental health problems. Given the high risk for child apprehension and the impact of
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37 family fragmentation on a woman's mental health, this is an important gap in the literature that
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39 poses a substantial barrier to our understanding of the impact of family circumstances on the
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41 service needs of homeless mothers. As Barrow and Laborde (2008) point out, the inability to
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43 better understand the circumstances of homeless mothers creates a population of "invisible
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45 mothers" who are separated from their children and ignored [17]. Without a comprehensive
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47 understanding of the complex web of issues and needs that homeless mothers struggle with,
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49 social services and policies designed to support them will be inadequate.
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This study seeks to contribute to our knowledge surrounding: a) the challenges facing homeless women through a better understanding of the role of mothering status on the mental health of homeless women, and b) whether or not the duration of homelessness moderates the relationship between mothering and mental health. By drawing from a national sample of homeless women with mental health problems, this study is positioned to not only document the mental health problems of homeless women but to assess whether or not differences in the patterns and severity of mental health problems exist based upon parenting status and duration of homelessness. Given the growing rate of homelessness among families, obtaining a better understanding of the connections between family circumstances and mental health among homeless women is a critical issue.

Methods

This analysis draws from the sub-sample of women who participated in the At Home/Chez Soi Study (AHS). The AHS is a national demonstration project funded by the Mental Health Commission of Canada (MHCC) that was conducted in 5 sites across Canada: Moncton, Montreal, Toronto, Vancouver and Winnipeg. The 4-year randomized controlled trial, conducted during 2009-2013, was based on a Housing First model and designed to provide evidence about what service and system interventions achieve improved housing stability, health and well-being for the target population of homeless adults living with mental illness. Unlike other housing programs, the Housing First model assists participants in community integration through the provision of independent, scattered-site housing and client-centred services without a requirement for sobriety or active treatment as a condition for participation [22].

Study participants were recruited through referrals from a wide variety of agencies in the community including housing, mental health, and criminal justice programs and were

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3 randomized to either treatment as usual (no housing or support through the study) or to housing
4 and support interventions based upon their level of need. Eligibility criteria included those aged
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6 19 years or older, with a mental illness, and who lacked a regular, fixed shelter or whose primary
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8 residence was a single room occupancy, rooming house, or hotel/motel. At baseline,
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10 questionnaire data were collected surrounding socio-demographic characteristics, symptoms of
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12 mental illness, patterns of substance use, and duration of homelessness.
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19 Detailed information surrounding mental health conditions was obtained through
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21 administration of the MINI-International Neuropsychiatric Interview (MINI). The MINI is a
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23 brief and structured diagnostic interview developed to screen for the most common psychiatric
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25 disorders. The instrument has been validated against other diagnostic interviews including the
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27 Composite International Diagnostic Interview (CIDI) and has been found to have a good level of
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29 concordance and a high level of reliability [23]. The mental health conditions of interest in this
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31 analysis include major depression, post-traumatic stress disorder (PTSD), alcohol dependence
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33 and substance dependence as they have been found to be prevalent in site specific AHS samples
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35 [24-27] as well as populations of women living in poverty [28-29].
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41 The AHS has been registered with the World Health Organization's International Clinical
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43 Trials Registry Platform (ISRCTN66721740 and ISRCTN57595077) and has been approved by
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45 the Research Ethics Boards at all participating organizations. More specific details regarding the
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47 study design and methods have been published elsewhere [25-26, 30].
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51 This study draws from the sub-sample of 708 women who completed the baseline
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53 questionnaire. The analysis begins with an investigation of the socio-demographic
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55 characteristics and mental health conditions of the women and bivariate comparisons by
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mothering status. A second bivariate comparison examines mental health conditions by duration of homelessness, followed by a series of multivariable logistic regression models that examine the relationship between mothering status and each mental health condition of interest and whether or not duration of homelessness modifies the relationship.

Results

Socio-Demographic Characteristics and Mental Health Conditions of Mothers

As shown in Table 1, the women in the sample are primarily aged 25-44 years of age (53 percent), single and never married (66 percent), and of minority background (53 percent).

Approximately half of the women reported less than a high school education and experienced 2 or more years of homelessness. Significant differences in the socio-demographic characteristics of the sample were found by mothering status. Women with children were more likely to be of Aboriginal background, have reported less than a high school education, be married or partnered, and have experienced 2 or more years of homelessness compared to women without children.

Table 1. Socio-Demographic Characteristics by Mothering Status

Socio-demographic Characteristics	Mothering Status						
	Overall		Yes		No		
	n	%	n	%	n	%	
Race/ethnicity							**
White	331	46.8	110	33.2	221	66.8	
Aboriginal	185	26.1	119	64.3	66	35.7	
Other, mixed background	192	27.1	63	32.8	129	67.2	
Age (y)							**
< 25	78	11.0	32	41.0	46	59.0	
25-44	372	52.5	204	54.8	168	45.2	
45 and older	258	36.4	56	21.7	202	78.3	
High school education ^a							**
Yes	341	48.4	117	34.3	224	65.7	
No	363	51.6	173	47.7	190	52.3	
Marital status ^a							*
Single, never married	466	66.1	192	41.2	274	58.8	
Married/partnered	40	5.7	24	60.0	16	40.0	

	Separated/widowed/divorced	199	28.2	75	37.7	124	62.3	
Social support (close friend)								
	Yes	394	56.0	161	40.9	233	59.1	
	No	310	44.0	128	41.3	182	58.7	
Duration of homelessness, lifetime ^a								
	< 2 years	368	52.0	130	35.3	238	64.7	
	≥ 2 years	340	48.0	162	47.6	178	52.4	
Total		708		292	41.2	416	58.8	

** $p \leq 0.01$, * $p \leq 0.05$

a: Numbers may not sum to total as a result of missing data.

As presented in Table 2, rates of mental health conditions among the women in the sample were high. Over half of the sample met criteria for major depression (58 percent) and 42 percent met criteria for PTSD. Substance and alcohol dependence were also common (47 percent and 32 percent, respectively). Further, women with children were significantly more likely to meet criteria for all mental health conditions compared to women without children. Here, rates of substance dependence were almost twice as high among women with children compared to women without children (56 percent versus 29 percent, respectively). And, rates of major depression, PTSD and alcohol dependence were almost 40 percent greater among women with children compared to others. As shown in Figure 1, rates of mental health conditions also varied by duration of homelessness.

Table 2. Mental Health Conditions by Mothering Status

Mental Health Conditions	Overall		Mothering Status				
	n	%	Yes		No		
			n	%	n	%	
Major depression							**
Yes	413	58.3	193	46.7	220	53.3	
No	295	41.7	99	33.6	196	66.4	
PTSD ^a							**
Yes	294	41.6	145	49.3	149	50.7	
No	413	58.4	146	35.4	267	64.6	
Alcohol dependence							**
Yes	223	31.5	114	51.1	109	48.9	
No	485	68.5	178	36.7	307	63.3	

Substance dependence							**
Yes	329	46.5	183	55.6	146	44.4	
No	379	53.5	109	28.8	270	71.2	
Total	708		292	41.2	416	58.8	

** $p \leq 0.01$, * $p \leq 0.05$

a: Numbers may not sum to total as a result of missing data.

Effects of Mothering Status and Duration of Homelessness on Mental Health

The multivariable analysis allows for a deeper investigation of the potential for duration of homelessness to moderate the relationship between mothering status and mental health conditions among homeless women in the sample. Tables 3 through 6 present summary logistic regression results predicting each of the 4 mental health conditions of interest, disaggregated by duration of homelessness, while controlling for socio-demographic characteristics that might account for the effects of mothering status. A final model is also presented that includes the effects of mothering status, duration of homelessness and an interaction term, if appropriate.

Table 3 presents the results examining the effect of mothering on major depression, comparing models among women who were homeless for less than 2 years with women who were homeless for 2 or more years. The results indicate that, among women who were homeless for 2 or more years, mothering is positively associated with major depression. Further, the odds of major depression among mothers is twice that of women who are not mothers. No significant relationship between mothering status and major depression was found among women who had been homeless for less than 2 years. The final interaction model assesses the question of whether or not duration of homelessness moderates the relationship between mothering status and major

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3 depression. The statistically significant interaction term indicates that the relationship between
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5 mothering status and major depression does indeed vary by duration of homelessness.
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8 In Table 4, a similar set of results examine the effect of mothering on PTSD, again
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10 comparing models for women who were homeless for less than 2 years to women who were
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12 homeless for 2 or more years. The results indicate that, among women who were homeless for 2
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14 or more years, mothering is positively associated with PTSD. Here, the odds of PTSD among
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16 mothers is almost twice that of women who are not mothers. No significant relationship between
17
18 mothering status and PTSD was found among women who had been homeless for less than 2
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20 years. The final interaction model indicates that the interaction term between mothering status
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22 and duration of homelessness is not statistically significant at the .05 level.
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27 Table 5 presents the results assessing the effect of mothering on alcohol dependence,
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29 comparing models by duration of homelessness. Here, mothering status was not associated with
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31 alcohol dependence among either group of women. Further, in the final model, neither
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33 mothering status nor duration of homelessness was associated with alcohol dependence.
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Table 3. Summary of Logistic Regression Results Predicting Major Depression by Duration of Homelessness

	Major Depression Models ^a											
	Homeless < 2 years			Homeless ≥ 2 years				Final model ^b				
	β	aOR	95% CI	β	aOR	95% CI		β	aOR	95% CI		
Mothering	-0.05	0.96	(0.60, 1.50)	0.72	2.06	(1.26, 3.36)	**	-0.06	0.94	(0.60, 1.49)		
Homeless ≥ 2 years	--			--				-0.18	0.84	(0.56, 1.26)		
Interaction term	--			--				0.77	see b below	(1.13, 4.16)	*	

** p ≤ 0.01, * p ≤ 0.05; ! p ≤ 0.10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Summary of aOR's for the association between mothering and depression by duration of homelessness:

	Homeless < 2 years	Homeless ≥ 2 years
Mothering	0.94	2.05

Table 4. Summary of Logistic Regression Results Predicting PTSD by Duration of Homelessness

	PTSD Models ^a											
	Homeless < 2 years				Homeless ≥ 2 years				Final model ^b			
	β	aOR	95% CI		β	aOR	95% CI		β	aOR	95% CI	
Mothering	0.07	1.08	(0.67, 1.73)		0.66	1.93	(1.20, 3.09)	**	0.09	1.09	(0.69, 1.74)	
Homeless ≥ 2 years	--				--				0.17	1.19	(0.78, 1.81)	
Interaction term	--				--				0.53	see b below	(0.90, 3.23)	!

** $p \leq 0.01$, * $p \leq 0.05$; ! $p \leq 0.10$

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Summary of aOR's for the association between mothering and PTSD by duration of homelessness:

	Homeless < 2 years	Homeless ≥ 2 years
Mothering	1.09	2.03

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Table 5. Summary of Logistic Regression Results Predicting Alcohol Dependence by Duration of Homelessness

	Alcohol Dependence Models ^a										
	Homeless < 2 years			Homeless ≥ 2 years			Final model ^b				
	β	aOR	95% CI	β	aOR	95% CI	β	aOR	95% CI		
Mothering	-0.12	0.89	(0.52, 1.52)	0.25	1.28	(0.75, 2.20)	0.06	1.06	(0.73, 1.55)		
Homeless ≥ 2 years	--			--			0.07	1.08	(0.75, 1.55)		
Interaction term	--			--			--				

** p ≤ 0.01, * p ≤ 0.05; ! p ≤ 0.10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Interaction term was not significant in the final model.

Table 6. Summary of Logistic Regression Results Predicting Substance Dependence by Duration of Homelessness

	Substance Dependence Models ^a											
	Homeless < 2 years				Homeless ≥ 2 years				Final model ^b			
	β	aOR	95% CI		β	aOR	95% CI		β	aOR	95% CI	
Mothering	1.07	2.92	(1.80, 4.74)	**	0.88	2.40	(1.47, 3.94)	**	0.96	2.62	(1.86, 3.69)	**
Homeless ≥ 2 years	--				--				0.66	1.94	(1.39, 2.70)	**
Interaction term	--				--				--			

** $p \leq .01$, * $p \leq .05$; ! $p \leq .10$

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Interaction term was not significant in the final model.

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3 Finally, in Table 6, the role of mothering status on substance dependence was examined.
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5 Here, mothering status was found to be positively associated with substance dependence among
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7 the women who had been homeless for 2 or more years as well as women who had been
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9 homeless for less than 2 years. Among women who had been homeless for 2 or more years, the
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11 odds of substance dependence among mothers was over twice that of women who are not
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13 mothers. Further, among women who had been homeless for less than 2 years, the odds of
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15 substance dependence was almost three times that of non-mothers. These disaggregated results
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17 indicate that duration of homelessness does not moderate the relationship between mothering
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19 status and substance dependence. Thus, the final model does not include an interaction term and
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21 the results reveal that mothering status and duration of homelessness operate independently on
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23 substance dependence. Here, the odds of substance dependence is 2.6 times greater among
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25 women who are mothers compared to non-mothers and 1.9 times greater among women who
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27 have been homeless for 2 or more years compared to non-mothers.
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35 Discussion

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37 This analysis has examined the role of mothering on the mental health of homeless women
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39 within a context of family homelessness. While a research agenda exists that has focused on the
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41 mental health and service needs of homeless populations, much less attention has been paid to
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43 homeless families. Further, much of the literature on homeless families focuses on the
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45 experiences of mothers within the shelter system and mothers' attempts to maintain their family
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47 structure while parenting in public [1-2, 4, 6, 18, 31-37]. Although this literature highlights
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49 some of the issues surrounding family homelessness, the connections between family
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51 circumstances and mental health among homeless women and how family circumstances might
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53 influence pre-existing mental health conditions are not well understood. The current study
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3 examined whether the mothering role is associated with the mental health of homeless women,
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5 and whether or not the duration of homelessness moderates the relationship between mothering
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7 and mental health.
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10 *Effects of Mothering on Mental Health*

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14 Overall, rates of all mental health conditions of interest were high among this national
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16 sample of homeless women. This is not unexpected given the longstanding literature that speaks
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18 to poor mental health among individuals living in poverty [28-29]. Further, the selection criteria
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20 for participation in the AHS included a mental illness. However, in bivariate analyses, women
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22 with children experienced higher rates of mental health conditions compared to women without
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24 children. This finding is in keeping with results drawn from the Commonwealth Fund 1998
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26 Survey of Women's Health where poor single mothers were found to have higher levels of
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28 depression compared to poor non-mothers [38]. In multivariable models, evidence of the effect
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30 of mothering status on mental health was mixed. Controlling for other factors, no differences in
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32 alcohol dependence were found among mothers compared to women without children indicating
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34 that mothering status does not predispose or protect a poor woman from alcohol problems.
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36 However, mothers were significantly more likely to meet criteria for substance dependence
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38 compared to women without children. While this finding could indicate that poor women with
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40 children are more inclined toward substance dependence, it is equally likely that women with
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42 substance dependence problems are more likely to have children.
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49 *Effects of Duration of Homelessness on Mothering and Mental Health*

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53 The duration of homelessness was also found to be related to mental health. In bivariate
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55 analyses, rates of PTSD, alcohol dependence and substance dependence were found to be
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3 significantly higher among women who had been homeless for 2 or more years compared to
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5 women who had been homeless for less than 2 years. While not statistically significant at the
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7 0.05 level, a similar trend was seen for major depression. In multivariable analyses, the
8
9 relationship between duration of homelessness and mental health was more complex. On the one
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11 hand, duration of homelessness was found to be positively related to substance dependence,
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13 controlling for other variables. These results are consistent with other research on the
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15 relationship between prolonged and persistent homelessness and substance dependence [39]. On
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17 the other hand, no independent relationship between duration of homelessness and alcohol
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19 dependence was found. Although this finding is inconsistent with previous research conducted
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21 by Patterson et al (2011), the lack of correspondence across studies may be explained by the
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23 different samples and alcohol related measures examined. Further, Patterson et al did not
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25 disaggregate their analyses by sex suggesting that there may be differences between men and
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27 women in how duration of homelessness relates to alcohol problems.
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34 This study also found that the relationship between mothering and major depression
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36 varied by duration of homelessness. Among women who had been homeless for less than 2
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38 years, mothers were no more likely than women without children to experience major
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40 depression. It's not until women experienced prolonged homelessness that mothers were more
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42 likely to be depressed compared to women without children. A similar pattern was found for
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44 PTSD.
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48 The findings from this study also suggest a multi-faceted relationship between the
49
50 duration of homelessness, mothering and various mental health conditions among women living
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52 in poverty. While complex interactions exist between motherhood and various social, economic,
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54 and health factors (such as education, income, and employment) [40-41], the burden of multiple
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3 stressors relates to poorer mental health and as the number of stressors increases, the probability
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5 of poor outcomes increases [38]. Here, we found some evidence that the stress of prolonged
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7 homelessness seems to have a stronger effect on women who are mothering compared to women
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9 who are not. This is likely, in part, because mothers faced with the stress of poverty and housing
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11 instability must do their best to care for their children while also overcoming adverse life
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13 circumstances. When a family's financial resources and social supports are in short supply,
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15 women with children must stretch their limited resources further to meet both their own needs
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17 and those of their children. In short, it is more problematic to be living in poverty when you
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19 have dependents than when you do not, because more family members are sharing the limited
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21 resources. Further, as the duration of homelessness increases, the likelihood of involuntary
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23 family fragmentation through child welfare involvement is a high risk as are the mental health
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25 consequences of the trauma of losing child custody. Moreover, the intergenerational legacies
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27 related to homelessness, mental illness, and foster care have untold consequences for children.
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34 *Limitations*

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37 While this study provides important insight into the relationship between the duration of
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39 homelessness and mental health among women who are mothers, the results should be
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41 considered in light of several methodological limitations. The most important limitation of this
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43 analysis is the possibility of reverse causation. The cross-sectional analysis is unable to
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45 discriminate between the impact of mothering on mental health and the possibility that women
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47 who have mental health conditions are more likely to be mothers. While this is an important
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49 limitation with regard to the temporality of events, the results do provide important information
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51 about the broad associations between the duration of housing instability, mothering
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53 circumstances, and mental health among women in Canada.
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Conclusions

Overall, the findings from this study suggest, not surprisingly, that there is something about long-term homelessness that is related to mothers' risk of poor mental health. One can only speculate on the mechanisms involved as further research is necessary to better understand the pathways at hand. In the meantime, housing policies and services that seek to re-house mothers in a timely fashion may serve to protect mothers' mental health. Given the multiple demands mothers face in their efforts to maintain their family, reunite with their children, or mourn the loss of children who are no longer in their care, a failure to attend to their unique needs is likely to contribute to intergenerational legacies of homelessness and mental health problems.

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For peer review only

Competing Interests:

The authors have no competing interests.

For peer review only

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3 **Funding Statement:**
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6 This study was made possible by a funding agreement between Health Canada and the Mental
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8 Health Commission of Canada.
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14 **Figure**

15 **Figure 1. Rates of Mental Health Problems by Duration of Homelessness**
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Data Sharing:

The At Home/Chez Soi data can be accessed by contacting Paula Goering, the national Research

Lead, at: paula.goering@camh.net.

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9 | **A Cross-Sectional Examination of The Mental Health of Homeless Mothers: Does the**
10 **relationship between mothering and mental health vary by duration of homelessness?**
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45 KEYWORDS: Homeless women, mental health, substance dependence, alcohol dependence,
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47 depression, PTSD
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Abstract

Objectives: This study draws on baseline data from the At Home/Chez Soi demonstration project to examine the association between parenting status and mental health among homeless women and whether the association varies by duration of homelessness.

Setting: Structured interviews were conducted with participants in 5 cities across Canada including Moncton, Montreal, Toronto, Vancouver and Winnipeg.

Participants: Eligibility criteria included those aged 19 years or older, with a mental illness, and who lacked a regular, fixed shelter. All ~~708-713~~ women who participated in the larger project were selected for inclusion in this analysis.

Measures: The mental health conditions of interest include depression, post-traumatic stress disorder, alcohol dependence and substance dependence.

Results: The relationship between parenting status and depression, as well as post-traumatic stress disorder (PTSD), varied by duration of homelessness. Among women who had been homeless for less than 2 years, no relationship was found between parenting status and depression, or PTSD. However, among women who had been homeless for 2 or more years, the odds of depression was twice as high among parenting women compared to others (aOR = 2.05, $p \leq 0.05$). A similar relationship was found between parenting status and PTSD (aOR = 2.03, $p \leq 0.05$). The odds of substance dependence was found to be 2.62 times greater among parenting women compared to others and this relationship did not vary by duration of homelessness (aOR = 2.62; 95% CI: 1.86, 3.69). No relationship was found between parenting and alcohol dependence.

Conclusions: Overall, the findings from this study suggest that there is ~~something about a~~ relationship between long-term homelessness ~~that is related to and~~ mothers' risk of poor mental

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9 health. Given the multiple demands mothers face, a failure to recognize their unique needs is
10 likely to contribute to intergenerational legacies of homelessness and mental health problems.
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Strengths and Limitations:

- An important strength of this study is the relatively large sample of homeless women across Canada (n = ~~708~~713).
- The main limitation of this study surrounds the cross-sectional analysis as reverse causation is a possibility given that the temporality of events cannot be accounted for.

Background

Families are currently the fastest growing segment of the homeless population in North America [1-3] [1-3] [1-3]. The literature surrounding homeless families is dominated by the experiences of mothers within the shelter system, particularly their struggle to maintain their family structure. Sheltered families are more ~~visible and~~ vulnerable to a “fishbowl” effect as homeless mothers are parenting in a highly visible public environment under circumstances of poverty and housing instability where stress levels are high and coping skills are strained [1] [4]. ~~These circumstances~~ This context of “fishbowl” parenting tends to magnify family problems. Consequently, there is a high risk of ~~and~~ involuntary family fragmentation through child welfare involvement is a high risk and apprehension [4] [4]. For many homeless mothers, the end result is that they are separated and no longer living with their children As a result, while the majority of homeless families are headed by single mothers of minor aged children [5-6], most young children do not live with their homeless mothers [5-6] [6-7].

~~Although motherhood is recognized as a vital source of meaning and identity for most women~~ [8-9], among homeless mothers, mental health problems are thought to be rooted, in part, in an undermining of their feelings of competency as a parent [7] [10]. This perception of failure may promote feelings of shame, unworthiness and low self-esteem. For mothers whose children have been apprehended by child welfare services, the grief and rage is often so great that many women cannot fully remember the event clearly [8-9] [11-12]. ~~Further, the apprehension of their children serves to increase emotions of loss—depression, grief, and pain compounded by guilt and anger~~ [10-11] [13-14]. Moreover, mother-child separations often contribute an added stress for women who are not only seeking secure housing, but are seeking housing in an effort to reunite with their children. These symptoms and circumstances are often

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9 unacknowledged by health and social workers involved in homeless mothers' lives as many
10 mental health assessments do not take into account how the mothering role may be relevant to a
11 woman's mental health [12][H5]. Each of these factors puts the woman at risk for chronic
12 psychological suffering [4][9] and explicitly discourages homeless mothers from maintaining
13 their family structure and retaining custody of their children [13][H6]. It is these complex
14 circumstances that suggest that homeless mothers of young children may suffer from unique
15 patterns of mental health problems, including problems with substances, -compared to homeless
16 women who are not mothers or who have grown children.
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24 While there is a growing body of literature addressing the challenges and mental health
25 needs facing homeless women, much of the literature does not account for the heterogeneity
26 among women by suggesting that homeless mothers who no longer have custody of their
27 children are the same as single women with no children. In a number of studies, homeless
28 women are identified as either accompanied by children or unaccompanied by children [14-
29 18][H7-21]. For the majority of homeless mothers who are not accompanied by their children,
30 this categorization disregards their role as mothers by combining women who are separated from
31 their children with women who have no children.
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39 The connections between family circumstances and mental health among homeless
40 women are not well understood. It is also unclear how family circumstances influence pre-
41 existing mental health problems. Given the high risk for child apprehension and the impact of
42 family fragmentation on a woman's mental health, this is an important gap in the literature that
43 poses a substantial barrier to our understanding of the impact of family circumstances on the
44 service needs of homeless mothers. As Barrow and Laborde (2008) point out, the inability to
45 better understand the circumstances of homeless mothers creates a population of "invisible
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9 mothers” who are separated from their children and ignored [154][17]. Without a
10 comprehensive understanding of the complex web of issues and needs that homeless mothers
11 struggle with, social services and policies designed to support them will be inadequate.
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15 This study seeks to contribute to our knowledge surrounding: a) the challenges facing
16 homeless women through a better understanding of the role of mothering status on the mental
17 health of homeless women, and b) whether or not the duration of homelessness moderates the
18 relationship between mothering and mental health. By drawing from a national sample of
19 homeless women with mental health problems, this study is positioned to not only document the
20 mental health problems of homeless women but to assess whether or not differences in the
21 patterns and severity of mental health problems exist based upon parenting status and duration of
22 homelessness. Given the growing rate of homelessness among families, obtaining a better
23 understanding of the connections between family circumstances and mental health among
24 homeless women is a critical issue.
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34 **Methods**

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36 This analysis draws from the sub-sample of women who participated in the At
37 Home/Chez Soi Study (AHS). The AHS is a national demonstration project funded by the
38 Mental Health Commission of Canada (MHCC) that was conducted in 5 sites across Canada:
39 Moncton, [New Brunswick](#); Montreal, [Quebec](#); -Toronto, [Ontario](#); Vancouver, [British Columbia](#);
40 and Winnipeg, [Manitoba](#). The 4-year randomized controlled trial, conducted during 2009-2013,
41 was based on a Housing First model and designed to provide evidence about what service and
42 system interventions achieve improved housing stability, health and well-being for the target
43 population of homeless adults living with mental illness. Unlike other housing programs, the
44 Housing First model assists participants in community integration through the provision of
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9 independent, scattered-site housing and client-centred services without a requirement for sobriety
10 or active treatment as a condition for participation [19][22].

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13 Study participants were recruited through referrals from a wide variety of agencies in the
14 community including housing, mental health, and criminal justice programs and were
15 randomized to either treatment as usual (no housing or support through the study) or to housing
16 and support interventions based upon their level of need. Eligibility criteria included those with
17 legal adult status those aged 19 (18 years or older in all cities but Vancouver where the age of
18 majority is 19 years), with a mental illness, and who lacked a regular, fixed shelter or whose
19 primary residence was a single room occupancy, rooming house, or hotel/motel. The baseline
20 questionnaire focused on a broad range of domains including housing, health status, community
21 integration, recovery, vocational attainment, quality of life, health and social services, and
22 criminal justice system involvement. At baseline Of relevance to this analysis, questionnaire data
23 were collected surrounding socio-demographic characteristics, symptoms of mental illness,
24 patterns of substance use, and duration of homelessness.
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36 Detailed information surrounding mental health conditions was obtained through
37 administration of the MINI-International Neuropsychiatric Interview (MINI). The MINI is a
38 brief and structured diagnostic interview developed to screen for the most common psychiatric
39 disorders. The instrument has been validated against other diagnostic interviews including the
40 Composite International Diagnostic Interview (CIDI) and has been found to have a good level of
41 concordance and a high level of reliability [20][23]. The mental health conditions of interest in
42 this analysis, drawn from the MINI, include major depression, post-traumatic stress disorder
43 (PTSD), alcohol dependence and substance dependence as they have been found to be prevalent
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9 in site specific AHS samples [21-22][24-27] as well as populations of women living in
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11 poverty [23-24][28-29].

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13 All participants provided written informed consent. Further, the AHS has been
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15 registered with the World Health Organization's International Clinical Trials Registry Platform
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17 (ISRCTN66721740 and ISRCTN57595077) and has been approved by the Research Ethics
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19 Boards at all participating organizations. More specific details regarding the study design,
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21 questionnaire, measures and methods have been published elsewhere [25][25-26, 30].
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24 This study draws from the sub-sample of 708-713 women who completed the baseline
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26 questionnaire. The analysis begins with an investigation of the socio-demographic
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28 characteristics and mental health conditions of the women and bivariate comparisons by
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30 mothering status. A second bivariate comparison examines socio-demographic characteristics
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32 and mental health conditions by duration of homelessness, followed by a series of multivariable
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34 logistic regression models that examine the relationship between mothering status and each
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36 mental health condition of interest and whether or not duration of homelessness modifies the
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38 relationship. All analyses were conducted with SPSS 22.0.

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39 Results

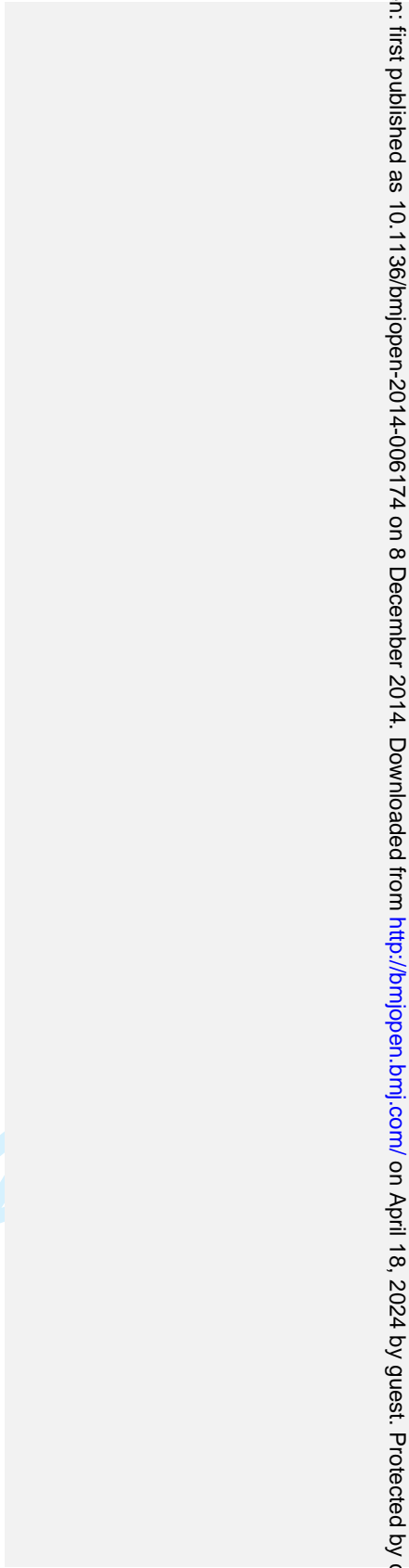
40 *Socio-Demographic Characteristics and Mental Health Conditions of Mothers*

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42 As shown in Table 1, the women in the sample are primarily aged 25-44 years of age (53
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44 percent), single and never married (66 percent), and of minority background (53 percent).
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46 Approximately half of the women reported less than a high school education and experienced 2
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48 or more years of homelessness. Significant differences in the socio-demographic characteristics
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50 of the sample were found by mothering status. Women with children were more likely to be of
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Aboriginal background, have reported less than a high school education, be married or partnered, and have experienced 2 or more years of homelessness compared to women without children.

For peer review only



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likely to meet criteria for all mental health conditions compared to women without children.

Here, rates of ~~substance alcohol and substance~~ dependence were ~~almost almost twice 80 and 50 percent greater, respectively, as high~~ among women with children compared to women without children (~~56 percent versus 29 percent, respectively~~). And, rates of major depression, ~~and~~ PTSD ~~and alcohol dependence~~ were ~~almost 25 and 40 percent, respectively, 40 percent~~ greater among women with children compared to others. ~~As shown in Figure 1, rates of mental health conditions also varied by duration of homelessness.~~

Table 2. Mental Health Conditions by Mothering Status

Mental Health Conditions	Overall		Mothering Status				
	n	%	Yes		No		
			n	%	n	%	
Major depression							**
Yes	413	58.3 <u>57.9</u>	193	46.7 <u>66.1</u>	220	53.3 <u>52.9</u>	
No	2953 <u>00</u>	41.7 <u>42.1</u>	99	33.9 <u>33.6</u>	196	47.1 <u>66.4</u>	
PTSD ^a							**
Yes	2954	41.6	145	49.3 <u>49.8</u>	149	50.7 <u>35.8</u>	
No	4173	58.6 <u>4</u>	146	35.4 <u>50.2</u>	267	64.6 <u>64.2</u>	
Alcohol dependence							**
Yes	2243	31.5	114	51.1 <u>39.0</u>	109	48.9 <u>26.2</u>	
No	4895	68.6 <u>5</u>	178	36.7 <u>61.0</u>	307	63.3 <u>73.8</u>	
Substance dependence							**
Yes	3293	46.5	183	55.6 <u>62.7</u>	146	44.4 <u>35.1</u>	
No	3827	53.6 <u>5</u>	109	28.8 <u>37.3</u>	270	71.2 <u>64.9</u>	
Total	7130		292	41.2	416	58.8	

Pearson Chi-square: ** $p \leq 0.01$, * $p \leq 0.05$

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In Table 3, rates of socio-demographic characteristics and mental health conditions are presented by duration of homelessness. Here, compared to women who reported being homeless for less than 2 years, women who reported being homeless for 2 or more years were more likely to be of Aboriginal background, without a high school education, married/partnered, and mothering. Duration of homelessness was also positively associated with all mental health conditions of interest.

Figure 1. Rates of Mental Health Problems by Duration of Homelessness

Table 3. Socio-Demographic Characteristics and Mental Health Conditions by Duration of Homelessness

Pearson Chi-square: ** p ≤ 0.01, * p ≤ 0.05, † p ≤ 0.10

Socio-demographic Characteristics	Duration of Homelessness				
	< 2 years		≥ 2 years		
	n	%	n	%	
Race/ethnicity					**
White	191	57.7	140	42.3	
Aboriginal	71	38.0	116	62.0	
Other, mixed background	109	55.9	86	44.1	
Age (y)					
< 25	47	60.3	31	39.7	
25-44	184	49.1	191	50.9	
45 and older	140	53.8	120	46.2	
High school education^a					**
Yes	205	59.6	139	40.4	
No	165	45.2	200	54.8	
Marital status					*
Single, never married	239	50.9	231	49.1	
Married/partnered	15	37.5	25	62.5	
Separated/widowed/divorced	117	58.5	83	41.5	
Social support (close friend)^a					
Yes	216	54.4	181	45.6	
No	154	49.4	158	50.6	
Mothering^a					**
Yes	130	44.5	162	55.5	
No	238	57.2	178	42.8	
Mental Health Conditions					
Major depression					†
Yes	203	49.2	210	50.8	
No	168	56.0	132	44.0	

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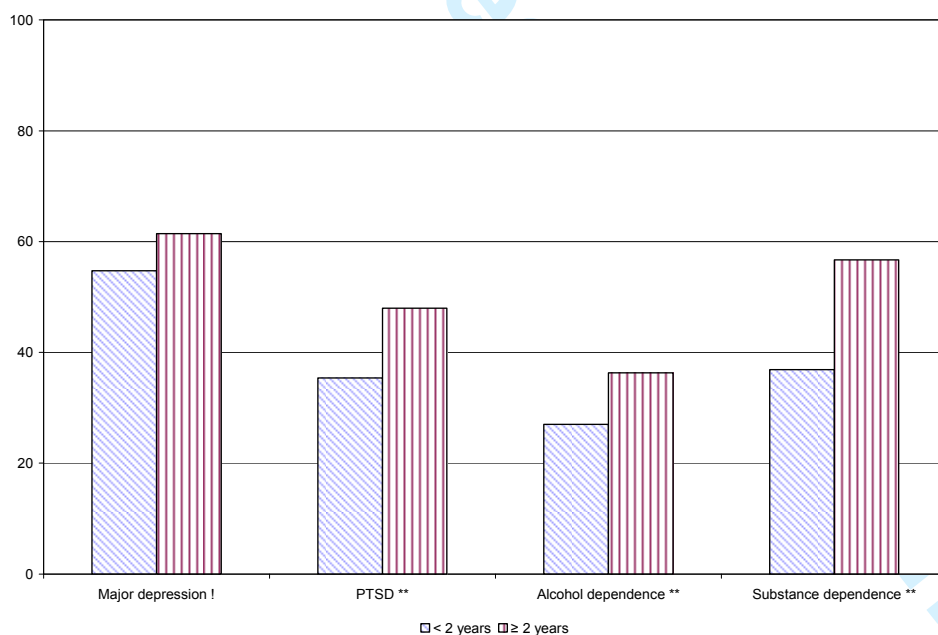
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<u>PTSD^a</u>					**
<u>Yes</u>	<u>131</u>	<u>44.4</u>	<u>164</u>	<u>55.6</u>	
<u>No</u>	<u>239</u>	<u>57.3</u>	<u>178</u>	<u>42.7</u>	
<u>Alcohol dependence</u>					**
<u>Yes</u>	<u>100</u>	<u>44.6</u>	<u>124</u>	<u>55.4</u>	
<u>No</u>	<u>271</u>	<u>55.4</u>	<u>218</u>	<u>44.6</u>	
<u>Substance dependence</u>					**
<u>Yes</u>	<u>137</u>	<u>41.4</u>	<u>194</u>	<u>58.6</u>	
<u>No</u>	<u>234</u>	<u>61.3</u>	<u>148</u>	<u>38.7</u>	
<u>Total</u>	<u>371</u>		<u>342</u>		

Pearson Chi-square: ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.10$

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Effects of Mothering Status and Duration of Homelessness on Mental Health

The multivariable analysis allows for a deeper investigation of the potential for duration of homelessness to moderate the relationship between mothering status and mental health

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9 conditions among homeless women in the sample. Tables 43 through 67 present summary
10 logistic regression results predicting each of the 4 mental health conditions of interest,
11 disaggregated by duration of homelessness, while controlling for socio-demographic
12 characteristics that might account for the effects of mothering status. A final model is also
13 presented that includes the effects of mothering status, duration of homelessness and an
14 interaction term, if appropriate.
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20 Table 43 presents the results examining the effect of mothering on major depression,
21 comparing models among women who were homeless for less than 2 years with women who
22 were homeless for 2 or more years. The results indicate that, among women who were homeless
23 for 2 or more years, mothering is positively associated with major depression. Further, the odds
24 of major depression among mothers is twice that of women who are not mothers. No significant
25 relationship between mothering status and major depression was found among women who had
26 been homeless for less than 2 years. The final interaction model assesses the question of whether
27 or not duration of homelessness moderates the relationship between mothering status and major
28 depression. The statistically significant interaction term indicates that the relationship between
29 mothering status and major depression does indeed vary by duration of homelessness.
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39 In Table 45, a similar set of results examine the effect of mothering on PTSD, again
40 comparing models for women who were homeless for less than 2 years to women who were
41 homeless for 2 or more years. The results indicate that, among women who were homeless for 2
42 or more years, mothering is positively associated with PTSD. Here, the odds of PTSD among
43 mothers is almost twice that of women who are not mothers. No significant relationship between
44 mothering status and PTSD was found among women who had been homeless for less than 2
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years. The final interaction model indicates that the interaction term between mothering status and duration of homelessness is not statistically significant at the .05 level.

Table 56 presents the results assessing the effect of mothering on alcohol dependence, comparing models by duration of homelessness. Here, mothering status was not associated with alcohol dependence among either group of women. Further, in the final model, neither mothering status nor duration of homelessness was associated with alcohol dependence.

Table 34. Summary of Logistic Regression Results Predicting Major Depression by Duration of Homelessness

	Major Depression Models ^a									
	Homeless < 2 years			Homeless ≥ 2 years			Final model ^b			
	β	aOR	95% CI	β	aOR	95% CI		β	aOR	95% CI
Mothering	-0.05	0.96	(0.60, 1.50)	0.72	2.06	(1.26, 3.36)	**	-0.06	0.94	(0.60, 1.49)
Homeless ≥ 2 years	--			--				-0.18	0.84	(0.56, 1.26)
Interaction term	--			--				0.77	see b below 2.17	(1.13, 4.16) *
<u>Model χ^2</u>		<u>20.60</u>		<u>37.54</u>			<u>**</u>	<u>59.35</u>		<u>**</u>
<u>n</u>		<u>366</u>		<u>331</u>				<u>697</u>		

** p ≤ 0.01, * p ≤ 0.05; ! p ≤ 0.10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Summary of aOR's for the association between mothering and depression by duration of homelessness:

	Homeless < 2 years	Homeless ≥ 2 years
Mothering	0.94	2.05

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Table 54. Summary of Logistic Regression Results Predicting PTSD by Duration of Homelessness

	PTSD Models ^a									
	Homeless < 2 years			Homeless ≥ 2 years				Final model ^b		
	β	aOR	95% CI	β	aOR	95% CI		β	aOR	95% CI
Mothering	0.07	1.08	(0.67, 1.73)	0.66	1.93	(1.20, 3.09)	**	0.09	1.09	(0.69, 1.74)
Homeless ≥ 2 years	--			--				0.17	1.19	(0.78, 1.81)
Interaction term	--			--				0.53	see below 1.7 <u>0</u>	(0.90, 3.23) 3.23 <u>0</u>
<u>Model χ^2</u>	<u>17.11</u>		<u>*</u>	<u>36.23</u>			<u>**</u>	<u>59.06</u>		<u>**</u>
<u>n</u>	<u>365</u>			<u>331</u>				<u>696</u>		

** p ≤ 0.01, * p ≤ 0.05; ! p ≤ 0.10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Summary of aOR's for the association between mothering and PTSD by duration of homelessness:

	Homeless < 2 years	Homeless ≥ 2 years
Mothering	1.09	2.03

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Table 65. Summary of Logistic Regression Results Predicting Alcohol Dependence by Duration of Homelessness

	Alcohol Dependence Models ^a								
	Homeless < 2 years			Homeless ≥ 2 years			Final model ^b		
	β	aOR	95% CI	β	aOR	95% CI	β	aOR	95% CI
Mothering	-0.12	0.89	(0.52, 1.52)	0.25	1.28	(0.75, 2.20)	0.06	1.06	(0.73, 1.55)
Homeless ≥ 2 years	--			--			0.07	1.08	(0.75, 1.55)
Interaction term	--			--			--		
<u>Model χ^2</u>	<u>48.84</u>		<u>**</u>	<u>86.41</u>		<u>**</u>	<u>125.47</u>		<u>**</u>
<u>n</u>	<u>366</u>			<u>331</u>			<u>697</u>		

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** p ≤ 0.01, * p ≤ 0.05; ! p ≤ 0.10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Interaction term was not significant in the final model.

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Table 76. Summary of Logistic Regression Results Predicting Substance Dependence by Duration of Homelessness

	Substance Dependence Models ^a											
	Homeless < 2 years				Homeless ≥ 2 years				Final model ^b			
	β	aOR	95% CI		β	aOR	95% CI		β	aOR	95% CI	
Mothering	1.07	2.92	(1.80, 4.74)	**	0.88	2.40	(1.47, 3.94)	**	0.96	2.62	(1.86, 3.69)	**
Homeless ≥ 2 years	--				--				0.66	1.94	(1.39, 2.70)	**
Interaction term	--				--				--			
<u>Model χ^2</u>	<u>57.84</u>			<u>**</u>	<u>53.40</u>			<u>**</u>	<u>126.58</u>			<u>**</u>
<u>n</u>	<u>366</u>				<u>331</u>				<u>697</u>			

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** p ≤ .01, * p ≤ .05; ! p ≤ .10

a: Models control for the confounding effects of race/ethnicity, high school education, marital status and social support.

b: Interaction term was not significant in the final model.

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Finally, in Table 67, the role of mothering status on substance dependence was examined.

Here, mothering status was found to be positively associated with substance dependence among the women who had been homeless for 2 or more years as well as women who had been homeless for less than 2 years. Among women who had been homeless for 2 or more years, the odds of substance dependence among mothers was over twice that of women who are not mothers. Further, among women who had been homeless for less than 2 years, the odds of substance dependence was almost three times that of non-mothers. These disaggregated results indicate that duration of homelessness does not moderate the relationship between mothering status and substance dependence. Thus, the final model does not include an interaction term and the results reveal that mothering status and duration of homelessness operate independently on substance dependence. Here, the odds of substance dependence is 2.6 times greater among women who are mothers compared to non-mothers and 1.9 times greater among women who have been homeless for 2 or more years compared to non-mothers.

Discussion

This analysis has examined the role of mothering on the mental health of homeless women within a context of family homelessness. While a research agenda exists that has focused on the mental health and service needs of homeless populations, much less attention has been paid to homeless families. Further, much of the literature on homeless families focuses on the experiences of mothers within the shelter system and mothers' attempts to maintain their family structure while parenting in public [1-2, 4-5, 15, 26-31][1-2, 4, 6, 18, 31-37]. Although this literature highlights some of the issues surrounding family homelessness, the connections between family circumstances and mental health among homeless women and how family circumstances might influence pre-existing mental health conditions are not well understood.

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9 The current study examined whether the mothering role is associated with the mental health of
10 homeless women, and whether or not the duration of homelessness moderates the relationship
11 between mothering and mental health.
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13 *Effects of Mothering on Mental Health*

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17 Overall, rates of all mental health conditions of interest were high among this national
18 sample of homeless women. This is not unexpected given the longstanding literature that speaks
19 to poor mental health among individuals living in poverty [23–24][28–29]. Further, the selection
20 criteria for participation in the AHS included a mental illness. However, in bivariate analyses,
21 women with children experienced higher rates of mental health conditions compared to women
22 without children. This finding is in keeping with results drawn from the Commonwealth Fund
23 1998 Survey of Women’s Health where poor single mothers were found to have higher levels of
24 depression compared to poor non-mothers [32][38]. In multivariable models, evidence of the
25 effect of mothering status on mental health was mixed. Controlling for other factors, no
26 differences in alcohol dependence were found among mothers compared to women without
27 children indicating that mothering status does not predispose or protect a poor woman from
28 alcohol problems. However, mothers were significantly more likely to meet criteria for
29 substance dependence compared to women without children. While this finding could indicate
30 that poor women with children are more inclined toward substance dependence, it is equally
31 likely that women with substance dependence problems are more likely to have children. [In](#)
32 [either case, these findings point to the need for timely and appropriate substance abuse treatment](#)
33 [targeting homeless mothers, particularly mothers who are involved with child welfare](#) [33].
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50 *Effects of Duration of Homelessness on Mothering and Mental Health*

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9 The duration of homelessness was also found to be related to mental health. In bivariate
10 analyses, rates of PTSD, alcohol dependence and substance dependence were found to be
11 significantly higher among women who had been homeless for 2 or more years compared to
12 women who had been homeless for less than 2 years. While not statistically significant at the
13 0.05 level, a similar trend was seen for major depression. In multivariable analyses, the
14 relationship between duration of homelessness and mental health was more complex. On the one
15 hand, duration of homelessness was found to be positively related to substance dependence,
16 controlling for other variables. These results are consistent with other research on the
17 relationship between prolonged and persistent homelessness and substance dependence [34][39].
18 On the other hand, no independent relationship between duration of homelessness and alcohol
19 dependence was found. Although this finding is inconsistent with previous research conducted
20 by Patterson et al (2011), the lack of correspondence across studies may be explained by the
21 different samples and alcohol related measures examined. Further, Patterson et al did not
22 disaggregate their analyses by sex suggesting that there may be differences between men and
23 women in how duration of homelessness relates to alcohol problems.
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37 This study also found that the relationship between mothering and major depression
38 varied by duration of homelessness. Among women who had been homeless for less than 2
39 years, mothers were no more likely than women without children to experience major
40 depression. It's not until women experienced prolonged homelessness that mothers were more
41 likely to be depressed compared to women without children. A similar pattern was found for
42 PTSD.
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48 The findings from this study also suggest a multi-faceted relationship between the
49 duration of homelessness, mothering and various mental health conditions among women living
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9 in poverty. While complex interactions exist between motherhood and various social, economic,
10 and health factors (such as education, income, and employment) [35-35-36][40-41], the burden
11 of multiple stressors relates to poorer mental health and as the number of stressors increases, the
12 probability of poor outcomes increases [32][38]. Here, we found some evidence that the stress
13 of prolonged homelessness seems to have a stronger effect on women who are mothering
14 compared to women who are not. This is likely, in part, because mothers faced with the stress of
15 poverty and housing instability must do their best to care for their children while also
16 overcoming adverse life circumstances. When a family's financial resources and social supports
17 are in short supply, women with children must stretch their limited resources further to meet both
18 their own needs and those of their children. In short, it is more problematic to be living in
19 poverty when you have dependents than when you do not, because more family members are
20 sharing the limited resources. Further, as the duration of homelessness increases, the likelihood
21 of involuntary family fragmentation through child welfare involvement is a high risk as are the
22 mental health consequences of the trauma of losing child custody. Moreover, the
23 intergenerational legacies related to homelessness, mental illness, and foster care have untold
24 consequences for children.

25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 *Limitations*

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41 While this study provides important insight into the relationship between the duration of
42 homelessness and mental health among women who are mothers, the results should be
43 considered in light of several methodological limitations. The most important limitation of this
44 analysis is the possibility of reverse causation. The cross-sectional analysis is unable to
45 discriminate between the impact of mothering on mental health and the possibility that women
46 who have mental health conditions are more likely to be mothers. While this is an important
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9 limitation with regard to the temporality of events, the results do provide important information
10 about the broad associations between the duration of housing instability, mothering
11 circumstances, and mental health among women in Canada. This study is also limited in that we
12 were unable to distinguish between women who never had children and those with adult
13 children. While it is possible that there are important differences between these two groups of
14 women, for purposes of this analysis, neither were attempting to parent minor children.
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20 **Conclusions**

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22 Overall, the findings from this study suggest, not surprisingly, that there is something
23 about long-term homelessness that is related to mothers' risk of poor mental health. One can
24 only speculate on the mechanisms involved as further research is necessary to better understand
25 the pathways at hand. In the meantime, housing policies and services that seek to re-house
26 mothers in a timely fashion may serve to protect mothers' mental health. Given the multiple
27 demands mothers face in their efforts to maintain their family, reunite with their children, or
28 mourn the loss of children who are no longer in their care, a failure to attend to their unique
29 needs is likely to contribute to intergenerational legacies of homelessness and mental health
30 problems.
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All authors participated in the conception and development of this manuscript. DZ conducted the analyses and wrote the first draft of the manuscript; MP and AW revised the manuscript. All authors critically read and approved the final version.

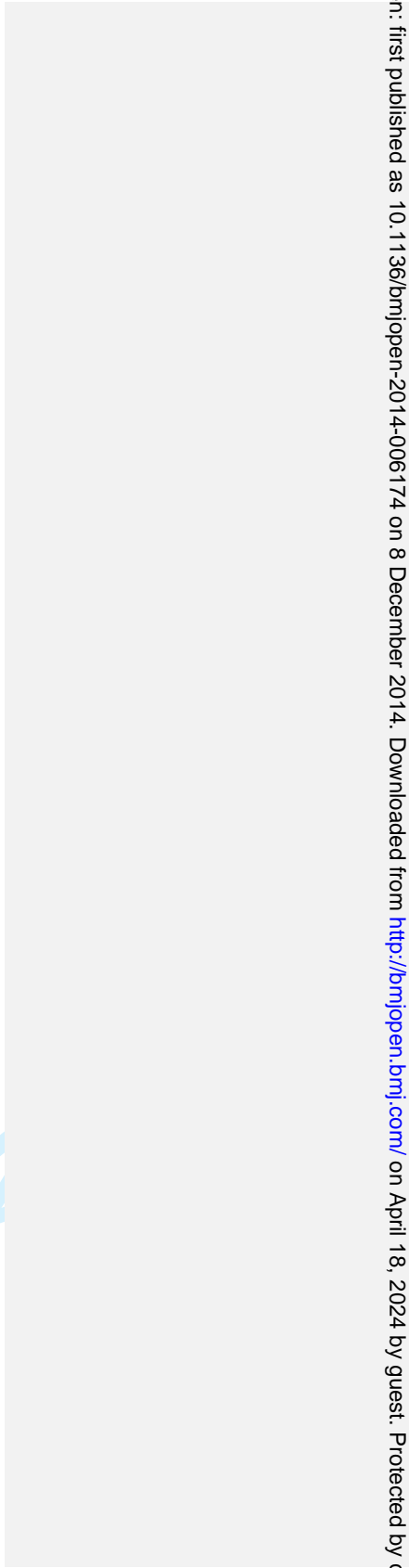
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Competing Interests:

The authors have no competing interests.

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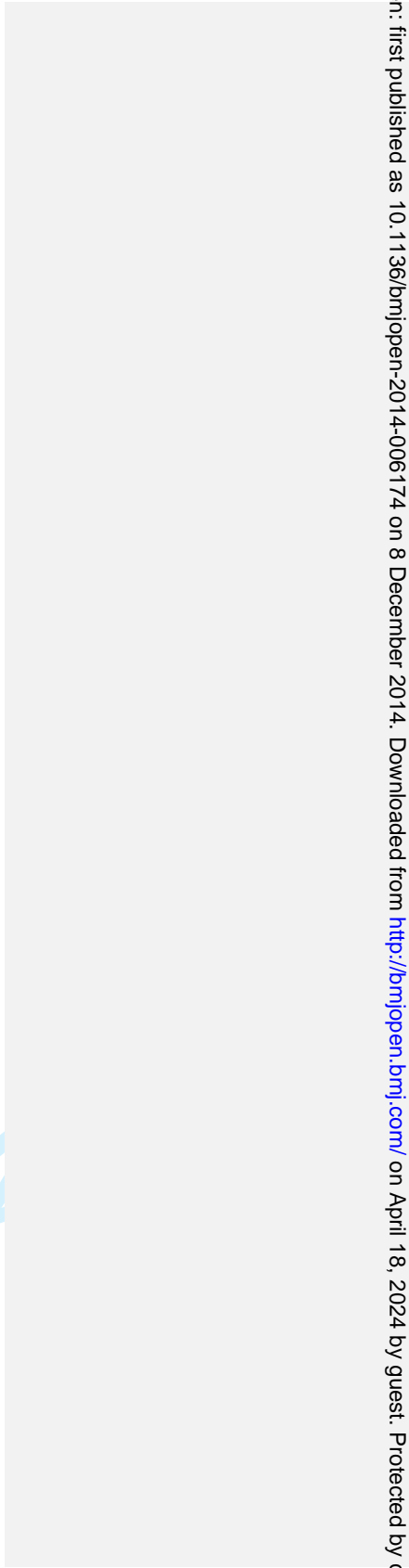
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Data Sharing:

The At Home/Chez Soi data can be accessed by contacting Paula Goering, the national Research Lead, at: paula.goering@camh.net.

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