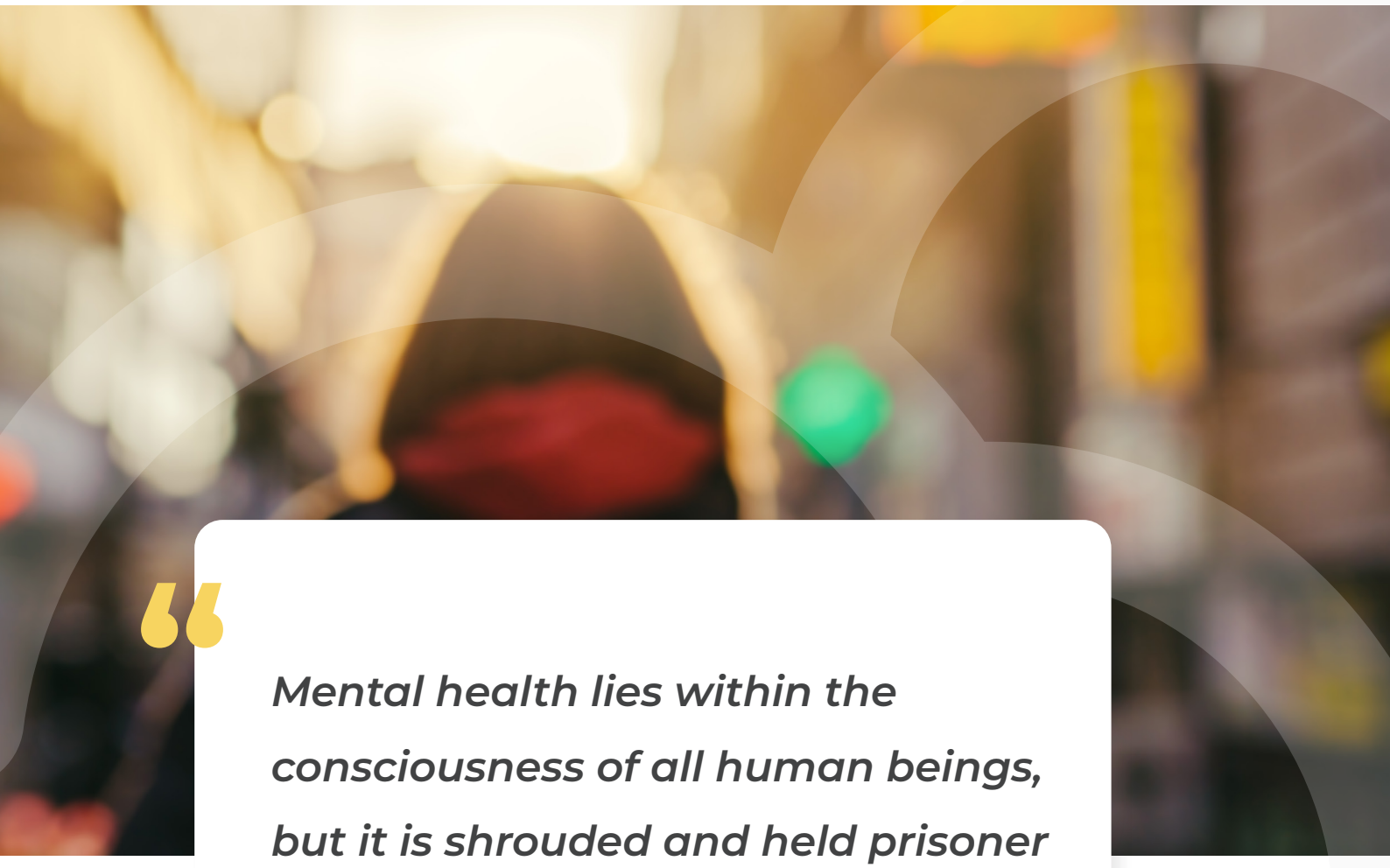
MAY 2022

# Another Slice of Happiness?

***The effects of an innate health-based intervention for a homeless population***

**Adriaan Denkers , Jeanne Catherine, and Nici Butchart**
**Three Principles Research & Consulting**

# Another Slice of Happiness



*Mental health lies within the consciousness of all human beings, but it is shrouded and held prisoner by our own erroneous thoughts.*

Sydney Banks

# Background

This preliminary report is about the social and psychological effects of the A Slice of Happiness (ASOH) programme. So far, a total of 99 respondents of the ASOH intervention have enrolled in the research and answered a variety of questions about wellbeing, anxiety, depression, somatization and prosocial and antisocial behavior (*dependent variables*) and innate health, resilience and social inclusion (*mediating variables*). While it is still early in the research, 21 could be matched with the questionnaire they had filled out previously and we were able to run a statistical analysis (generalized estimating equations). This analysis allows us to include missing data so we can extrapolate from the current information about what direction the respondents are going in. For example, respondents are reporting increased levels of wellbeing, innate health, resilience, social inclusion and less depression, anxiety, and somewhat less somatization and somewhat more prosocial behaviour after the intervention.

The seeds of this study began in 2019 when Caroline Powell approached our research team and asked us to evaluate the ASOH program. After initial ethics approval, and investigations, both of our groups had to restructure due to the COVID-19 pandemic.

Fortunately, Caroline has proven to be a resilient and dynamic partner, during the pandemic she pivoted from all in-person meetings to a complete online intervention. During that restructuring period, our research team was able to build a new partnership with Dr. Geraldine Brown at Coventry University. With Geraldine's assistance, we were able to restructure the research and apply for new ethics approval!

As researchers, we like to periodically evaluate our research process to ensure respondents have access, data is relevant, and any emerging problems can be addressed early on. Besides collecting information to help us do our job, we also like to share current outcomes with our partner organizations. For that reason, this report is a simplified version of a very technical description, if you would like to see the full statistical analysis, please send me an email request.

### Note on Effect Size

***Typically, when researchers have a lot of respondents, then we would show and compare effect sizes. However, in this case, we are not yet at capacity for a strong measure of effect size. Instead, we used the data we do have and ran another valid and statistical analysis (generalized estimating equations). This analysis allows us to include missing data—so we can extrapolate from the current information about what direction the respondents are going in. For example, are they increasing or decreasing in their level of well-being?***

What you hold in your hands now (perhaps metaphorically) is a description of what we have discovered during the last 6-months about the social and psychological effects—so far—among vulnerable adults in home insecure communities and job centre referrals who enrolled in the A Slice of Happiness online program out of Hertfordshire, England.

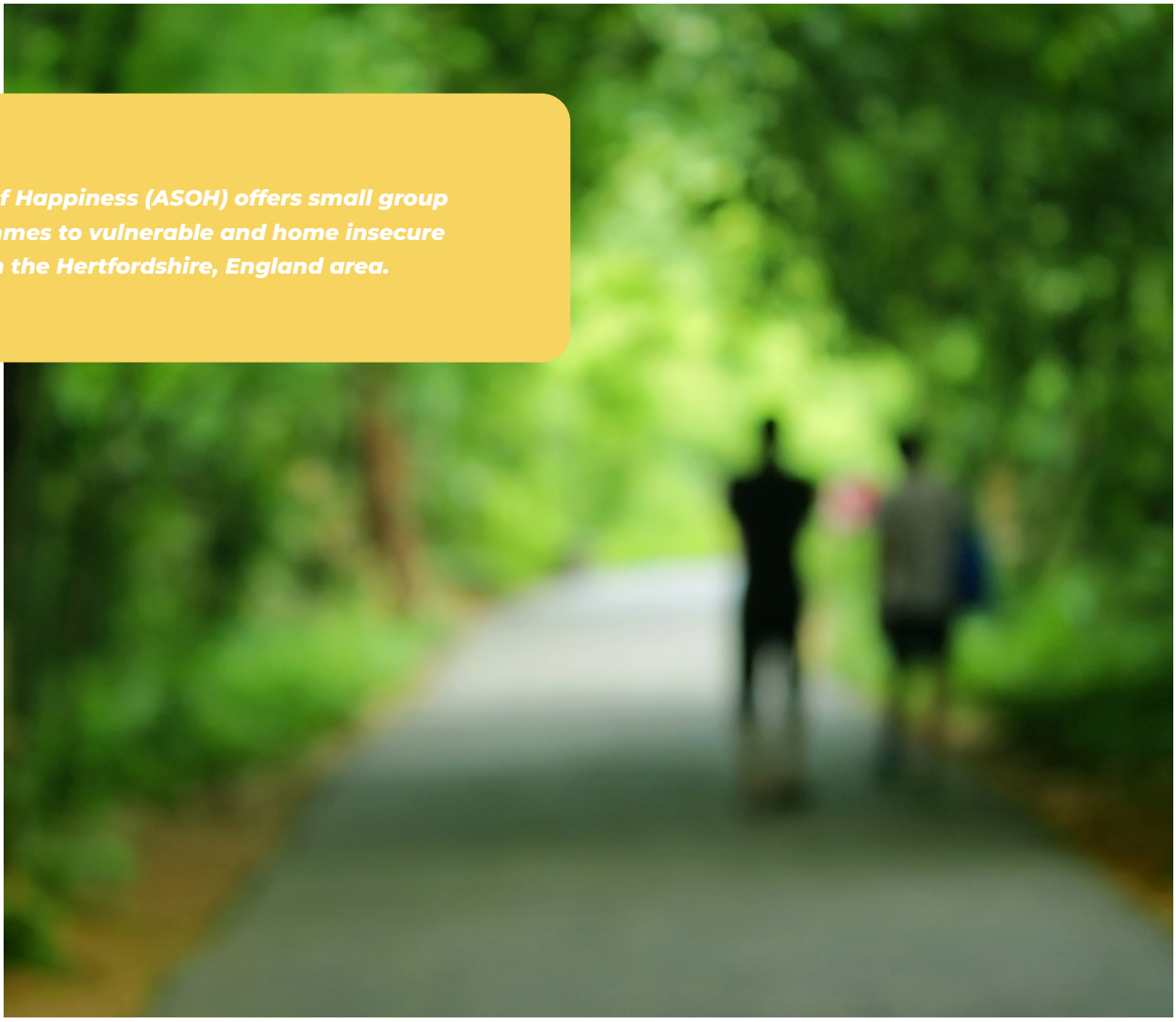
## OUR GRATITUDE

While we could not do this research without partners like Caroline Powell and Geraldine Brown, we also could not do this research without the respondents. **We are so grateful to the home insecure volunteers who have willingly shared their experiences with us.** Nothing can be improved, shared, or transformed without you! Thank you! We couldn't research this program without the approval and support of the people who facilitate ASOH—**special appreciation to Caroline Powell, Liliana Bellini, Susan Marmot, and Ian Shaw for allowing our team to research their program**.

# Introduction

From low wages, unemployment, lack of access to education and job skills training, high housing costs, and ineffective public policy—poverty is caused by a huge variety of factors. People experiencing poverty have been shown to experience higher levels of stress, depression, anxiety, social exclusion, and lower levels of well-being. This study is timely with the current economic climate in the UK, where the impact of poverty is associated with higher crime rates and substance use disorders, inadequate nutrition, childcare, health care, and underfunded schools.

Generally, individuals referred to ASOH are—from a professional mental health perspective—also experience poor mental health. During the first 6 months of 2021, half of the referrals were diagnosed by a doctor for mental ill-health; almost all were anxious (96%), most were depressed (84%), or not thinking clearly (84%); a majority rarely or never felt confident (68%); about half of them rarely or never felt close to other people (48%) and 13% suffered an alcohol or drug addiction.



***A Slice of Happiness (ASOH) offers small group programmes to vulnerable and home insecure adults in the Hertfordshire, England area.***

Other programming offered to people struggling with home insecurity include:

- **Housing first interventions:** Effective for stabilizing housing, however, do not appear to systematically improve quality-of-life, physical and/or mental health, and/or reduce substance use (Aubry, et al., 2020).
- **Occupational therapy:** In an embryonic stage and does not show a clear picture of results yet (Marshall et al., 2020).
- **Relaxation response training:** May be effective in improving anxiety and mental health status.

- **Cognitive behavioral therapy:** Reduces anxiety and depression and increases self-efficacy (Hyun et al., 2005; 2020); reduces theft, violence and alcohol consumption (Maguire, 2006).

- **12-step programme:** Focused on substance use disorders, these programs might boost importance, readiness or confidence to change behavior (Upshur et al., 2014); Sobriety may be a long-time effect (Rayburn, 2015)

In contrast, the current program under study has not yet undergone any rigorous investigations. This study represents a first attempt at gathering such data. Indeed, the preliminary results presented here are extremely promising however, this report is based on a small number of respondents and more data need to be gathered to draw any definitive conclusions.

# A Slice of Happiness: The Programme

Under the umbrella of Watford & Three Rivers Trust (W3RT)—an organization founded in 1974 to stimulate connection within the community and promote individual responsibility for their own wellbeing as well as for the wellbeing of others—A Slice of Happiness (ASOH) offers small group programmes to vulnerable and home insecure adults in the Hertfordshire, England area.

Based on the work of Sydney Banks (see his book: *The Enlightened Gardener*), ASOH aims to promote awareness of one's own well-being, potential for innate resilience and capacity for clearer thinking. ASOH is delivered over eight sessions by team members who provide insightful, non-judgmental conversations, delivered with love. Discussions include topics about the human psychological experience, such as: feeling stuck in repetitive, spiraling, anxious, depressive, or compulsive thinking and how one's own thinking is likely to be observed by each individual as a single, objective truth. Activities include building thought awareness, modelling non-judgmental observation, and consciously experiencing the results of a quiet state of mind (i.e., inspiration, intuition, and wisdom).

Focused on helping each respondent reach an open-minded state, which enables listening, ASOH provides a person-centered approach. For example, if team members assess a respondent is not ready to be immersed in a group setting, the respondent will be offered four one-to-one sessions. Also, respondents are welcome to further their learning by joining a second round of group sessions as an observer. Additionally, ongoing support is offered online for 90 minutes every week, often featuring guest speakers (psychologists or doctors from within the field) and special topics.

Respondents affectionately call this experience a "SPA" and perhaps it is a spa for the mind. Early evidence shows an increase in innate health within respondents after they complete the programme. Additionally, changes in innate health appears to create change in other variables. For example, compared to resilience and social inclusion, innate health is a much stronger mediator. Meaning, this initial investigation shows innate health may be responsible for many of the positive changes and is certainly more responsible than the other two measurements: resilience and social inclusion.



**Innate Health**

***"...an inherent human capacity to access the wisdom and creativity required for optimal learning and development, regardless of conditions or circumstances..."***

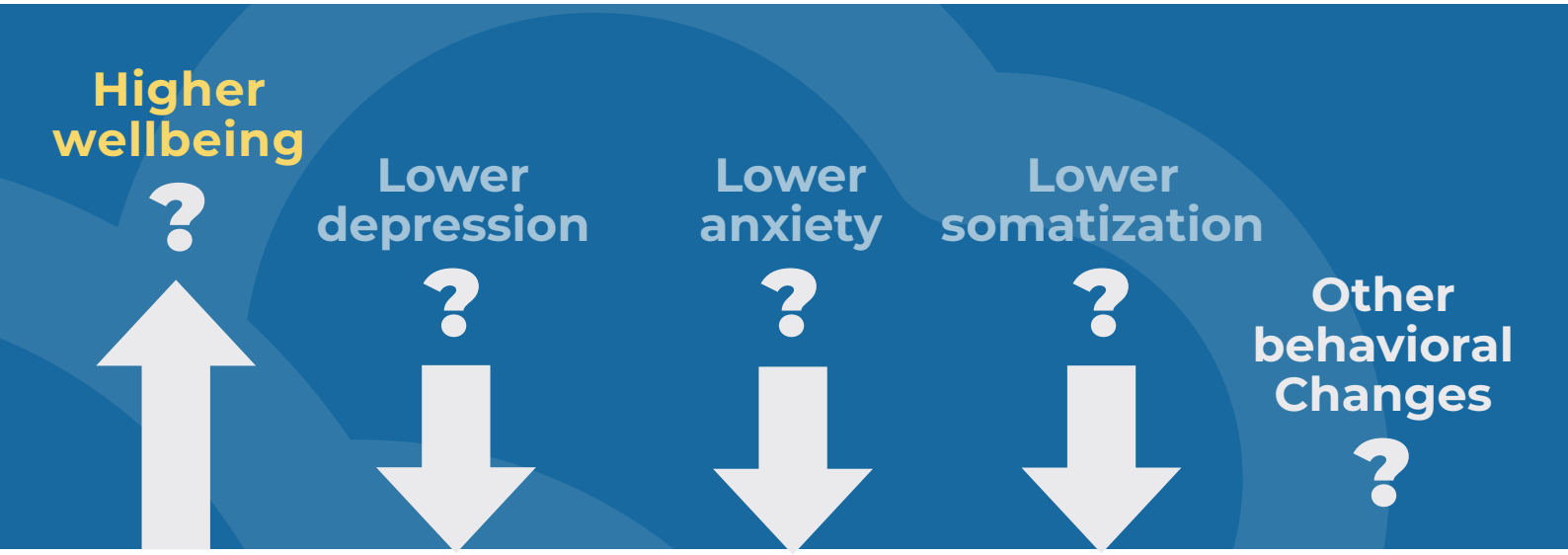
## INNATE HEALTH

Within the scientific literature, Judith Sedgeman (2005) coined the term *innate health* as a capacity for health realization: where a positive state of mind can be accessed and sustained regardless of circumstances. Later, Larimer (2008) further defined innate health as "an inherent human capacity to access the wisdom and creativity required for optimal learning and development, regardless of conditions or circumstances" (p. 4). This innate capacity is further recognized in other psychological literature as something essential, internal, or natural that, if developed or experienced, results in new levels of well-being.

As a research team, we are particularly interested in programming that explicitly teaches about this human ability to realize innate health. We want to know, does innate health realization impact other social and psychological outcomes?

## CURRENT QUESTIONS

Here are some of the questions we are asking. As compared to before the programme began, are respondents experiencing:




Also, we want to know if innate health realization responsible for these changes. To test what is responsible for making changes, we created a measure to test innate health and tested two alternative possible mediators into the study.

Thus, the current study explores respondents' psychological and behavioral reports from respondents answers before and after they engaged with ASOH-programme. The outcomes or dependent variables in this study are wellbeing, anxiety, depression, somatization and prosocial and antisocial behavior.

This study also explores which mechanisms might be responsible for any results that are found. Three variables are tested against each other as potential explanations. The first of these explanatory variables is "innate health" as the core focus of the ASOH-programme. Alternative explanations that appear to be relevant in explaining positive change within the target population are resilience and the feeling of social inclusion. The main reasons for choosing these two alternative mediators are that the description of the ASOH programme explicitly mentions resilience as a crucial factor and that the atmosphere of the programme is on noticing, embracing and accepting, or socially including the respondents. For that reason, these two variables are tested as potential mediators.

# Results

The results show that after the ASOH programme, respondents report the following outcomes as compared to before the intervention.

Respondents after the ASOH programme report:

- More wellbeing
- Less depression
- Less anxiety
- Somewhat less somatization
- Somewhat more prosocial behaviour

**More Wellbeing**

**Somewhat more prosocial behaviour**

**Less depression**

**Less anxiety**

**Somewhat less somatization**

Respondents also report:

- More innate health
- More resilience
- More social inclusion


Changes in innate health appear to completely explain (fully mediate) changes the results with regards to:

- Resilience
- Social inclusion
- Depression
- Anxiety

While Resilience completely mediates depression and partially explains the influence of the programme on innate health, wellbeing and anxiety. Social inclusion does not mediate any of the relationships between time and outcome measures.

### Social Inclusion

***The process of improving the terms on which individuals and groups take part in society—improving the ability, opportunity, and dignity of those disadvantaged on the basis of one's identity.***

# Conclusions & Discussion

Our team is excited to report that the preliminary results of this study show strong effects of the ASOH programme on socio-psychological variables. The programme strengthens innate health, resilience, and feelings of social inclusion and appears to have a big impact on wellbeing, depression, and anxiety. In the psychological literature such variables have been found to be responsible for many outcomes.

The results with regards to behavioural measures are less convincing. No effects of the intervention were found on antisocial behaviour and rather weak effects on prosocial behaviour. A recent study with an innate health intervention in a prison showed strong effects on prosocial behaviour. It is possible that these behavioral measures are less relevant for the current population. Alternatively, the effects on these measures may take more time.

Another observation is that the central mediating variable in this study, innate health, is unrelated to the behavioral measures. In contrast, social inclusion, which has not been found to mediate the influence of time on outcome variables in this study, appears to be particularly strongly related to the behavioural measures.

**...The [ASOH] programme strengthens innate health, resilience, and feelings of social inclusion...**

Although the results of this study are very promising, the results cannot be interpreted as causal. In order to be able to draw causal conclusions an experimental design is needed. Future research with the ASOH programme should focus on conducting such research.

While this first look into the data we have collected indicates that innate health causes beneficial outcomes. This report is produced halfway thru the data collection. More data, especially containing more matches of respondents who filled out both questionnaires, would allow more robust accounts about the results and conclusions.

# Appendix: What questions are the researchers asking?

## DEPENDENT VARIABLES

The Warwick-Edinburgh Well-Being Scale-Short form (Tennant et. al., 2007) was developed at the Universities of Warwick and Edinburgh and comprises seven items that relate to an individual's state of mental well-being (thoughts and feelings) during the previous two weeks. The WEMWBS has good psychometric properties (Tennant et al., 2007; Stewart-Brown et. al., 2009). Each item is worded positively and together they cover most, but not all, attributes of mental well-being including both hedonic and eudemonic perspectives. In this study the wellbeing items formed a reliable scale (Cronbach's alpha = .91).

Anxiety, depression and somatization were measured with Brief Symptom Inventory which consists of 18 items (BSI-18), of which six on anxiety, six on depression and six on somatization. This shortened form of the BSI instrument gathers data to measure psychological distress and psychiatric disorders in medical and community populations (Derogatis, 1993; 2001; Derogatis & Melisaratos, 1983). The BSI-18 is found to have good psychometric (Meijer, de Vries & van Bruggen, 2011). The items for depression, anxiety and somatization formed reliable scales (Cronbach's alpha's .88, .95 and .86).

Two concepts in this study were taken from the Dutch "Verbondenheid Project" (Connectedness Project; De Jong & Denkers, 2020; Denkers & De Jong, 2020): anti-social behavior and pro-social behavior. The Connectedness Project developed tools for the measurement of psycho-social concepts and behavior among high-risk youths. These tools contain few words and are supported by gender specific graphics (constructed by a street artist). The tools have been found to be valid and allow unassisted participation of individuals with moderate learning disabilities and cognitive impediments. The respondents in the current study first read "These questions are about your behaviour during the last four weeks". Next they were presented with six questions in a random order. Three items about anti-social behavior (e.g. "Did you take things from others?"), and three items about pro-social

behavior (e.g. Did you help others (last 3 months)?"). All items were scored on visual analogue rating scale ranging from "not at all" to "a lot". The items measuring antisocial and prosocial behaviour formed reliable scales (Cronbach's alpha's .81 and .61).

## MEDIATING VARIABLES

Social exclusion was measured with three items (see: Rudert et. al, 2020) and social inclusion with four items (see: de Jong & Denkers, 2020). First respondents read: "How often did you experience the following occurrences with others during the last four weeks?". The social exclusion items were "Other people ignored me," "Other people excluded me from conversations," "Other people treated me as if I was not there at all,". The social inclusion items were "Other people invited me to activities", "Other people noticed me", "Other people embraced me" and "Other people made me feel important". All items were scored on visual analogue rating scale ranging from "never" to "always". In this study the both the social exclusion and the social inclusion items items formed a reasonably reliable scales (Crombach's Alpha's .83 and .90).

Resilience was measured with the brief resilience scale (Smith et.al. 2008). The scale was introduced with "Please indicate how much you agree with the following statements when thinking of the last month", followed by six items (e.g. "I tend to bounce back quickly after hard times"). The items were scored on visual analogue scales, with as anchors "never true", "rarely true", "sometimes true", "often true" and "true nearly all the time". In this study the resilience items formed a reliable scale (Crombach's Alpha = .72).

Innate health was measured with six items (e.g. "I concentrate on things that make me feel bad" (reversed), "I take negative thoughts seriously" (reversed) and "I know I'm part of something good"; see Denkers & Catherine-Gray, 2021). This scale was specifically designed to measure the degree to which individuals embrace beliefs about the central concepts of innate health: thought, consciousness and mind. The items in this study were scored on visual analogue scales, with as anchors "never true", "rarely true", "sometimes true", "often true" and "true nearly all the time". In this study the innate health items formed a reasonably reliable scale (Crombach's Alpha = .61).

# Literature

Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q. Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., & Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review. *Lancet Public Health*, 5(6), 342 – 360.

Bensken, W.P., Krieger, N.I., & Perzynski, A.T. (2021). Health Status and Chronic Disease Burden of the Homeless Population: An Analysis of Two Decades of Multi-Institutional Electronic Medical Records. *Journal of Health Care for the Poor and Underserved*, 32(3), 1619 – 1634.

Burton, B., Pollio, D.E., & North, C.S. (2018). A longitudinal study of housing status and crime in a homeless population. *Annals of Clinical Psychiatry*, 30(3), 2080 – 288.

Carpenter-Song, E., Ferron, J., and Kobylenski, S. (2016). Social exclusion and survival for families facing homelessness in rural New England. *Journal of Social Distress and Homelessness*, 25, 41–52. doi: 10.1080/10530789.2016.1138603.

De Jong, J.D. & Denkers, A.J.M. (2020). Anger with love. How professionals get through to high-risk youth in troublesome groups. In F. Weerman & C. Melde (Title Eurogang Volume, pp.). New York: Springer.

Denkers, A.J.M. & De Jong, J.D. (2020). Delinquentie, vrienden en boosheid met liefde. Tijdschrift voor Criminologie, 62(2-3), 278 -297.

Ellsworth, J.T. (2019). Street Crime Victimization Among Homeless Adults: A Review of the Literature. *Victims & Offenders*, 14(1), 96 – 118. DOI10.1080/15564886.2018.1547997

Hyun, M., Bae, S.H., & Noh, D. (2020). Systematic review and meta-analyses of randomized control trials of the effectiveness of psychosocial interventions for homeless adults. *Journal of Advanced Nursing*, 76(3), 773 – 786. DOI10.1111/jan.14275.

Hyun, M.S., Chung, H.I.C., & Lee, Y.J. (2005). The effect of cognitive-behavioral group therapy on the self-esteem, depression, and self-efficacy of runaway adolescents in a shelter in South Korea. *Applied Nursing Research*, 18(3), 160-166. DOI: 10.1016/j.apnr.2004.07.006.

Johnstone, M., Jetten, J., Dingle, G. A., Parsell, C., & Walter, Z. C. (2015). Discrimination and well-being amongst the homeless: the role of multiple group membership. *Frontiers of Psychology*, 6(739). doi: 10.3389/fpsyg.2015.00739

Maestrelli, L.G., Silva, A.S.M., Perico, C.D.M., Torales, J., Ventriglio, A., & Castaldelli-Maia, J.M. (2022). Homelessness and Depressive Symptoms A Systematic Review. *Journal of Nervous and Mental Disease*, 210(5), 380-389. DOI10.1097/NMD.0000000000001453

Maguire, N. (2006). Cognitive behavioural therapy and homelessness: A case series pilot study. *Behavioural and Cognitive Psychotherapy*, 34(1), 107-111. DOI10.1017/S1352465805002493

Marshall, C.A., Boland, L., Westover, L.A., Isard, R., & Gutman, S.A. (2020). A systematic review of occupational therapy interventions in the transition from homelessness. *Scandinavian Journal of Occupational Therapy*, 28(3), 171 – 187. DOI10.1080/11038128.2020.1764094.

Nilsson, S.F., Nordentoft, M., Fazel, S., & Laursen, T.M. (2020). Homelessness and police-recorded crime victimisation: a nationwide, register-based cohort study. *Lancet Public Health*, 5(6), 333 – 341.

Padgett, D.K., Stanhope, V., Henwood, B.F., & Stefancic, A. (2011). Substance Use Outcomes Among Homeless Clients with Serious Mental Illness: Comparing Housing First with Treatment First Programs. *Community Mental Health Journal*, 47(2), 227-232. DOI10.1007/s10597-009-9283-7.

Rayburn, R.L. (2015). "I'm not an alcoholic anymore": Getting and staying sober without meetings. *Addiction Research & Theory*, 23(1), 60-70. DOI10.3109/16066359.2014.929117

Upshur, C.C., Weinreb, L., Cheng, D.M., Kim, T.W., Samet, J.H., & Saitz, R. (2014). Does Experiencing Homelessness Affect Women's Motivation to Change Alcohol or Drug Use? *American Journal on Addictions*, 23(1), 76-83. DOI10.1111/j.1521-0391.2013.12066.x.

Van Zalk N., & Smith R. (2019). Internalizing Profiles of Homeless Adults: Investigating Links Between Perceived Ostracism and Need-Threat. *Frontiers of Psychology*, 10, 350. doi: 10.3389/fpsyg.2019.00350. PMID: 30842750; PMCID: PMC6391344.

[1] See for a description of Watford & Three Rivers Trust: https://www.w3rt.org

[2] See for a description of A Slice Of Happiness: https://www.w3rt.org/a_slice_of_happiness

[3] See: https://3prc.com/what-can-9-people-tell-us/


WWW.3PRC.COM