

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The promise of recovery: Narratives of hope among homeless individuals with mental illness participating in a Housing First randomized controlled trial in Toronto, Canada
AUTHORS	Kirst, Maritt; Zerger, Suzanne; Wise Harris, Deborah; Plenert, Erin; Stergiopoulos, Vicky

VERSION 1 - REVIEW

REVIEWER	Benjamin Henwood University of Southern California School of Social Work USA
REVIEW RETURNED	21-Nov-2013

GENERAL COMMENTS	<p>This qualitative inquiry into the relationship between housing, hope, and recovery is an important and under-studied area of research. While I am in agreement with many of the points raised in the paper, the majority of the findings have been previously reported on in the literature (some of which have been reported on by this reviewer). This does not mean that the study can't still represent a contribution (it can, especially in the context of a large experiment like Chez Soi), yet the framing and design of the study should be revised as it is problematic in its current form. Problematic areas are outlined below:</p> <p>Does this study have a comparison group?</p> <ul style="list-style-type: none">• The title refers to participants in a Housing First (HF) intervention. Yet the study itself (based on a larger RCT) refers to participants who received HF AND Treatment as Usual (TAU). The title as currently stated seems misleading.• Related to the above point, do the authors include TAU participants as an explicit comparison group? It seems this would be necessary in order to substantiate the claim stated in the conclusion, "This study clearly shows that housing is a necessary foundation from which to build hope, providing participants with control, independence, an opportunity to sleep, reflect, and care for their physical and mental health." In order for the study to "clearly show" this, wouldn't you also need to show that without housing (the foundation) it is more difficult to build hope?• Also related, the findings seem to show that some of the TAU participants also accessed housing. In which case, given the purpose of the study, wouldn't they be included in
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the group of people who have housing (and how it affects hope)?

Are the analyses predominantly inductive?

- The authors state they use an approach based in grounded theory analysis, which is largely inductive: so did hope emerge through an inductive process, or was it a “sensitizing concept” in which the authors were initially interested? If it emerged, what other concepts emerged?
- A related point, the data collection section does not provide any detail on interview protocols (e.g. structure, semi-structured, etc) and the types of questions (or prompts) that were asked.

Do the findings address the research questions?

- The findings section start with the observation that, “Regardless of whether the participants were randomized to the intervention groups or Treatment as Usual group, many had a clear vision for recovery and hoped to make many life changes as part of this process.” This seems to contradict some claims that housing is necessary for hope.
- Authors state, “These findings thus support theories of recovery and Housing First, in that actual and anticipated housing, without preconditions for “housing readiness”, can stimulate hope, a key component in the recovery process [13, 14, 28]. But don’t the findings also show that the opposite is true as well? That people not in this situation also find stimulants of hope?”
- The findings section that explicitly address how housing affects hope seems to lose focus by discussing the ways in which participants believe having housing will affect domains of recovery such as health, relationships, etc, which is problematic for 2 reasons: first, it is unclear how this helps further our understanding of the relationship between housing, hope, and recovery; and second, many of these findings exist in previous studies that are not cited. **[For fostering relationships, see Padgett, D.K., Henwood, B., Abrams, C., & Drake, R.E. (2008). Social relationships among persons who have experienced serious mental illness, substance abuse and homelessness: Implications for recovery. *American Journal of Orthopsychiatry*, 78(3), 333-339. For health, see Henwood, B.F., Stanhope, V., Brawer, R. et al. (2013). Addressing chronic disease within supportive housing programs. *Progress in Community Health Partnerships*. 7(1), 67-75. For a more comprehensive summary of what a large portion of the qualitative research on HF has shown, see Padgett, D.K. & Henwood, B.F. (2012). Qualitative research for and in practice: Findings from studies with homeless adults who have serious mental illness and co-occurring substance abuse. *Clinical Social Work Journal*. 40(2), 187-193.**
- The finding about “anticipated independence and control”

	<p>seems to match on to the markers of ontological security as outlined by Padgett, 2008. The authors cite this paper but don't acknowledge how their findings are consistent.</p> <ul style="list-style-type: none"> • A related point, while the authors do a nice job explaining why hope, housing, and recovery are connected, there seems to be a lack of theoretical orientation. Both ontological security and the notion of a “fresh start event” have been used in this regard, and the authors should review Henwood, B.F, Hsu, H., Winetrobe, H., Dent, D., Carranza, A. & Wenzel, S.L. (2013). Transitioning from homelessness: A “fresh start” event. <i>Journal of the Society of Social Work and Research</i>. 4(1), 47-57. <p>Here are some final thoughts:</p> <ul style="list-style-type: none"> • Lack of generalizability is not a limitation given your method of inquiry (grounded theory is not used for purposes of generalization). • The authors state that a strength of the study is that it contributes to the existing literature, yet it is not clear to me how it contributes. There seems to be a missed opportunity here. Perhaps the study can contribute by showing how structural factors influence individual outcomes through the mechanism of hope? • Page 6, line 22: oddly worded: “placing individuals in housing first does not affect ability to maintain housing.” Doesn't it show that people have the ability? • Outcomes of Chez Soi have been reported; why not discuss them in this paper (at least contextually)? • A number of participants expressed interest in a pet? How many?
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REVIEWER	Mary Leamy King's College London, Institute of Psychiatry, UK
REVIEW RETURNED	22-Nov-2013

GENERAL COMMENTS	<p>The promise of recovery: Narratives of hope from participants in a Housing First intervention in Toronto, Canada Reviewer: Mary Leamy</p> <p>Abstract – aim and purpose slightly obscured by being woven into general background for study. Aim is rather vague.</p> <p>Main article Excellent to see article which attempts to link sub-concepts of recovery, such as hope, to actual interventions which promote them. Generally, the paper is well written, logically structured so it flows well.</p> <p>Methodology Sampling – good mix within sample, no information provided on refusers or bias of interviewers, discussion of anticipated vs experienced benefits needs development, as central to aim of understanding factors which are hope-inspiring within stage of recovery journey.</p> <p>Quotes – no way of identifying whether these are from same person</p>
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	<p>– need ID no. and some relevant characteristics of interviewee and contextualise quotes.</p> <p>Interview schedule – insufficient detail on development and scope of this, so would be hard to replicate the study.</p> <p>Results –</p> <p>Hopes for recovery and Hopes and goal-setting – always interesting to read recovery narratives, though this section could perhaps be reduced, as it does cover ground which has been well-trodden and has less to offer.</p> <p>Housing , recovery and hope</p> <p>I think splitting anticipated and experienced housing benefits works well. Overall, the themes appear to be grounded in data and link well together. The data presented here is very consistent with other literature on recovery themes and processes.</p> <p>Conclusion</p> <p>I think this doesn't sufficiently make the case for what this study offers which is new and distinctive from previous research on recovery narratives.</p> <p>No trial registration number, doesn't look like authors have used an appropriate qualitative checklist.</p>
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REVIEWER	Deborah K. Padgett New York University USA
REVIEW RETURNED	07-Dec-2013

GENERAL COMMENTS	<p>This is a well-written manuscript exploring the pivotal role of hope in mental health recovery among newly-housed adults. The larger study—the At Home/Chez Soi project—is a well-known and rigorously conducted randomized trial with multi-city applications. It is quite large in sample size and the subsample of 60 for qualitative interviews is large as well.</p> <p>The concept of 'hope' is fraught with difficulties given its deeply phenomenological meaning and its volatility or sensitivity to changing circumstances. Often hard to capture via direct inquiry, 'hope' can be found in how individuals speak about their lives and plans. Some of the murkiness of the concept shows in the initial Results section as 'hope' becomes more concretely defined as explicit steps or goals toward recovery made in the aftermath of a much-desired outcome (independent housing). These point-in-time observations are very useful, adding to the growing empirical literature about Housing First and its benefits (and limitations). Still, the inevitable journey that is recovery leaves the reader wondering what will happen next.</p> <p>Some additional comments/suggestions:</p> <p>The sampling decision--using random rather than purposive—is unclear. Stratifying by group makes sense but within-group random selection less so. Is there a rationale here?</p> <p>On p. 9, the 'disclaimer' regarding housing status of the various group participants tilts a bit too heavily toward assuming the benefits of housing. While this is likely to be (and was) a finding, putting this forth as an assumption up front appears biasing unnecessarily.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

Does this study have a comparison group?

- The title refers to participants in a Housing First (HF) intervention. Yet the study itself (based on a larger RCT) refers to participants who received HF AND Treatment as Usual (TAU). The title as currently stated seems misleading.

Thank you for this comment. We have revised the title to clarify that the study is part of a randomized controlled trial to make it clear that there were intervention and comparison groups.

- Related to the above point, do the authors include TAU participants as an explicit comparison group? It seems this would be necessary in order to substantiate the claim stated in the conclusion, “This study clearly shows that housing is a necessary foundation from which to build hope, providing participants with control, independence, an opportunity to sleep, reflect, and care for their physical and mental health.” In order for the study to “clearly show” this, wouldn’t you also need to show that without housing (the foundation) it is more difficult to build hope?

- Also related, the findings seem to show that some of the TAU participants also accessed housing. In which case, given the purpose of the study, wouldn’t they be included in the group of people who have housing (and how it affects hope)?

Thank you for these comments. We have clarified on page 9 of the manuscript that it would have been difficult to compare intervention and TAU participants with respect to the impact of housing on hopefulness as many in the TAU group accessed housing through the private market or through various social housing organizations. As a result, we have tempered some of our statements that housing is necessary for hope so as not to overstate our findings given a lack of a clear comparison in the analysis.

Are the analyses predominantly inductive?

- The authors state they use an approach based in grounded theory analysis, which is largely inductive: so did hope emerge through an inductive process, or was it a “sensitizing concept” in which the authors were initially interested? If it emerged, what other concepts emerged?

We have clarified on page 8 of the manuscript that sensitizing questions regarding hope for the future and the related role of housing in these hopes guided the coding process.

- A related point, the data collection section does not provide any detail on interview protocols (e.g. structure, semi-structured, etc) and the types of questions (or prompts) that were asked.

Thank you for this comment. We have now added information describing the interview protocols, which involved semi-structured interviews asking questions on history of homelessness and mental health issues, daily activities, experiences with mental health and social services, and hopes for the future.

Do the findings address the research questions?

- The findings section start with the observation that, “Regardless of whether the participants were randomized to the intervention groups or Treatment as Usual group, many had a clear vision for recovery and hoped to make many life changes as part of this process.” This seems to contradict some claims that housing is necessary for hope.

We included this sentence to show that generally individuals experiencing homelessness and mental illness can be hopeful. Given challenges with making comparisons across groups, the intention of the paper is not to show that those who receive housing are more hopeful than those who do not receive housing, but to elucidate that receiving housing is something that is aspired to for both groups and is viewed as a catalyst for further hope-building and moving forward in the recovery journey. However, we have omitted this sentence here to avoid confusion and reserve this discussion for the discussion and conclusion section.

- Authors state, “These findings thus support theories of recovery and Housing First, in that actual and anticipated housing, without preconditions for “housing readiness”, can stimulate hope, a key component in the recovery process [13, 14, 28]. But don’t the findings also show that the opposite is true as well? That people not in this situation also find stimulants of hope?

Thank you for this comment. We have clarified that study findings indicate that for intervention and TAU participants, (either received or anticipated) housing stimulates hope for recovery, and in this sense supports the theory behind Housing First to provide housing first to individuals experiencing homelessness and mental illness.

- The findings section that explicitly address how housing affects hope seems to lose focus by discussing the ways in which participants believe having housing will affect domains of recovery such as health, relationships, etc, which is problematic for 2 reasons: first, it is unclear how this helps further our understanding of the relationship between housing, hope, and recovery; and second, many of these findings exist in previous studies that are not cited. [For fostering relationships, see Padgett, D.K., Henwood, B., Abrams, C., & Drake, R.E. (2008). Social relationships among persons who have experienced serious mental illness, substance abuse and homelessness: Implications for recovery. *American Journal of Orthopsychiatry*, 78(3), 333-339. For health, see Henwood, B.F., Stanhope, V., Brawer, R. et al. (2013). Addressing chronic disease within supportive housing programs. *Progress in Community Health Partnerships*. 7(1), 67-75. For a more comprehensive summary of what a large portion of the qualitative research on HF has shown, see Padgett, D.K. & Henwood, B.F. (2012). Qualitative research for and in practice: Findings from studies with homeless adults who have serious mental illness and co-occurring substance abuse. *Clinical Social Work Journal*. 40(2), 187-193.

Thanks for this comment. We have revised these sections to highlight that housing is an important foundation from which to build and act upon hope, providing participants with hopes for experiences of control, independence, and security and an opportunity to sleep, reflect, and care for their physical and mental health. We have also now noted that these findings support the notion of increased ontological security, and cited the above-mentioned literature.

- The finding about “anticipated independence and control” seems to match on to the markers of ontological security as outlined by Padgett, 2008. The authors cite this paper but don’t acknowledge how their findings are consistent.

Please see the above related response.

- A related point, while the authors do a nice job explaining why hope, housing, and recovery are connected, there seems to be a lack of theoretical orientation. Both ontological security and the notion of a “fresh start event” have been used in this regard, and the authors should review Henwood, B.F., Hsu, H., Winetrobe, H., Dent, D., Carranza, A. & Wenzel, S.L. (2013). Transitioning from homelessness: A “fresh start” event. *Journal of the Society of Social Work and Research*. 4(1), 47-57. Please see the previous response.

Here are some final thoughts:

- Lack of generalizability is not a limitation given your method of inquiry (grounded theory is not used for purposes of generalization).

Thank you for this comment – we have omitted this as a limitation.

- The authors state that a strength of the study is that it contributes to the existing literature, yet it is not clear to me how it contributes. There seems to be a missed opportunity here. Perhaps the study can contribute by showing how structural factors influence individual outcomes through the mechanism of hope?

We have reframed the findings to indicate that the strengths of the study are that it shows how hope, housing and recovery are connected in a large sample of homeless individuals experiencing mental illness participating in a Housing First RCT. Furthermore, the findings support that anticipated and actual housing, facilitated through the mechanism of Housing First programs that provide housing and supports to this population can foster hope for increased ontological security and other recovery-oriented goals.

- Page 6, line 22: oddly worded: “placing individuals in housing first does not affect ability to maintain

housing.” Doesn’t it show that people have the ability?

We have clarified that placing individuals in housing first does not negatively affect ability to maintain housing.

- Outcomes of Chez Soi have been reported; why not discuss them in this paper (at least contextually)?

We have clarified in the manuscript that one of the limitations of the study is that findings reflect point in time observations and do not explore long-term impacts of housing on outcomes, but that longitudinal analysis of the qualitative data in this area is currently ongoing.

- A number of participants expressed interest in a pet? How many?

Thank you. We have clarified how many participants were interested in owning pets in the manuscript.

Reviewer 2

Abstract – aim and purpose slightly obscured by being woven into general background for study. Aim is rather vague.

Thank you for this comment. We have provided more information in the abstract on the purpose of the study and data sources.

Main article

Excellent to see article which attempts to link sub-concepts of recovery, such as hope, to actual interventions which promote them. Generally, the paper is well written, logically structured so it flows well.

Methodology

Sampling – good mix within sample, no information provided on refusers or bias of interviewers, discussion of anticipated vs experienced benefits needs development, as central to aim of understanding factors which are hope-inspiring within stage of recovery journey.

We have now provided more information on refusers and the research team on pages 7 and 8, of the manuscript as per the COREQ qualitative research checklist. We have reframed this section to clarify the participants were either newly housed through the project or independently, were anticipating receiving housing through the project, or aspiring to be housed, and were thus primarily reflecting on anticipated benefits and challenges associated with being housed.

Quotes – no way of identifying whether these are from same person – need ID no. and some relevant characteristics of interviewee and contextualise quotes.

Thank you for this comment. We have added some contextual information (i.e., gender, housing status and study arm) to the quotes to help distinguish between speakers.

Interview schedule – insufficient detail on development and scope of this, so would be hard to replicate the study.

Thank you for this comment. We have now added information describing the interview protocols, which involved semi-structured interviews asking questions on history of homelessness and mental health issues, daily activities, experiences with mental health and social services, and hopes for the future.

Results –

Hopes for recovery and Hopes and goal-setting – always interesting to read recovery narratives, though this section could perhaps be reduced, as it does cover ground which has been well-trodden and has less to offer.

Thank you – we have cut back some of this content.

Housing, recovery and hope

I think splitting anticipated and experienced housing benefits works well. Overall, the themes appear to be grounded in data and link well together. The data presented here is very consistent with other literature on recovery themes and processes.

Conclusion

I think this doesn't sufficiently make the case for what this study offers which is new and distinctive from previous research on recovery narratives.

We have reframed the findings to indicate that the strengths of the study are that it shows how hope, housing and recovery are connected in a large sample of homeless individuals experiencing mental illness participating in a Housing First RCT. Furthermore, the findings support that anticipated and actual housing, facilitated through the mechanism of Housing First programs that provide housing and supports to this population can foster hope for increased ontological security and other recovery-oriented goals.

No trial registration number, doesn't look like authors have used an appropriate qualitative checklist. We have now included more information regarding the research team and study design as per the COREQ checklist for qualitative research.

Reviewer 3

This is a well-written manuscript exploring the pivotal role of hope in mental health recovery among newly-housed adults. The larger study—the At Home/Chez Soi project—is a well-known and rigorously conducted randomized trial with multi-city applications. It is quite large in sample size and the subsample of 60 for qualitative interviews is large as well.

The concept of 'hope' is fraught with difficulties given its deeply phenomenological meaning and its volatility or sensitivity to changing circumstances. Often hard to capture via direct inquiry, 'hope' can be found in how individuals speak about their lives and plans. Some of the murkiness of the concept shows in the initial Results section as 'hope' becomes more concretely defined as explicit steps or goals toward recovery made in the aftermath of a much-desired outcome (independent housing). These point-in-time observations are very useful, adding to the growing empirical literature about Housing First and its benefits (and limitations). Still, the inevitable journey that is recovery leaves the reader wondering what will happen next.

Thank you for this comment. We have revised these sections to highlight that housing is an important foundation from which to build and act upon hope, providing participants with hopes for experiences of control, independence, and security. Furthermore, we cite literature that supports that goal-setting, in the form of the goals for education, employment, better nutrition, decreasing substance use, that participants discuss, are important components of the recovery journey (Schrank et al. 2012, Leamy et al. 2011). We also acknowledge in the manuscript that one of the limitations of the study is that findings reflect point in time observations and do not explore long-term impacts of housing on outcomes, but note that longitudinal analysis of the qualitative data in this area is currently ongoing.

Some additional comments/suggestions:

The sampling decision--using random rather than purposive—is unclear. Stratifying by group makes sense but within-group random selection less so. Is there a rationale here?

We have clarified in the manuscript on page 7 that this approach was taken to facilitate sampling across the larger RCT sample, but that purposive techniques were also used in order to represent subgroups in the sample.

On p. 9, the 'disclaimer' regarding housing status of the various group participants tilts a bit too heavily toward assuming the benefits of housing. While this is likely to be (and was) a finding, putting this forth as an assumption up front appears biasing unnecessarily.

Thank you, we have corrected this in the manuscript by adding that participants are reflecting on benefits and challenges of housing.

VERSION 2 – REVIEW

REVIEWER	Ben Henwood University of Southern California, USA
REVIEW RETURNED	27-Jan-2014

GENERAL COMMENTS	Authors were responsive to all of reviewers feedback.
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