Housing for All? The Psychological Impacts of the Irish Housing Crisis

Emma Halvey

18109721

Supervisor: Dr Fearghal O'Brien

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To my mam, Catherine and my dad, Paul, thank you for always believing in me and encouraging me every step of the way. To my brothers, Mark and Derek, thank you for your endless support throughout my years of study. To my boyfriend, Luke, thank you for putting up with me – your support, love and laughter always helps me through these stressful times.

Abstract

Aims: The current study aimed to assess the impact of residential status, housing opportunity, housing security and housing satisfaction on mental well-being in adults aged 18+ and living in Ireland. This study sought to provide a greater understanding of the impact of the Irish housing crisis on mental health continuum and optimism scores, while controlling for personality traits as a confounding variable. **Method:** An online questionnaire was administered to participants ($n =$ 553) through social media which consisted of demographic questions in relation to housing, the Mental Health Continuum – Short Form scale (MHC-SF), the Life Orientation Revised scale (LOT-R) and the Big Five Inventory – Short scale (BFI-S). **Results:** Results showed significant differences between residential status, housing opportunity and housing security groups on mental health continuum scores but not optimism scores. Both mental health continuum and optimism scores differed significantly between housing satisfaction groups. **Conclusion:** Findings contribute to growing research on the Irish housing crisis and its impact on mental well-being.

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Introduction

"We need a secure place; we need somewhere to go back to that we feel safe. The idea of home is really very important in that context. The only way you can be healthy is if you have this sense that there's somewhere you can be safe. It's important that people understand that much of the way they're feeling and much of the problems we're experiencing are not in any way attributable to them, there's actually a systemic national crisis that's making them feel like that."

- Orla Muldoon (Ryan-Christensen, 2022)

Rents in Ireland are already a third higher than the Celtic Tiger peak, and house prices will reach that 2008 peak within a year or two at this rate of growth, according to social policy academic Rory Hearne (Hearne, 2021). These stark figures and projections provide a snapshot of the current housing crisis, a key social issue for people living in Ireland, with rents and house prices continuing to rise. The Irish housing crisis has been dominating political conversations over the past decade. However, in recent years the situation has rapidly expanded over society, with Irish Taoiseach declaring the homelessness and housing crisis as a national emergency (Finn, 2018). Since 2014, Irish family homelessness figures have grown by 350% (O'Sullivan, Reidy & Allen, 2021) with over half of the families attributing private rental sector difficulties as the reason for homelessness (Lyons, 2018). Furthermore, the coronavirus pandemic has pushed housing issues further into the spotlight, with the country being told to stay at home as a public health measure. With 'generation rent' and 'generation stuck at home' facing housing insecurity and lacking opportunities to own their own home, the housing crisis is an issue that many adults struggle with today. "Isolating, dehumanising, demoralising" is how Lydia, a mother of four in her 40s, describes the impact of the current housing situation in Ireland (Baker, 2021). Lydia's

family had little choice but to couch surf in her sister's home, after being denied a mortgage and taken off the housing assistance list for rent. Lydia's experience isn't unique to her family, as can be seen from countless stories printed in news media of struggling individuals, couples and families around the country (see, for example, Barry, 2021).

The importance of housing as a determinant of mental health has been researched extensively in recent years (Bentley et al., 2016; Vanhoutte, Wahrendorf & Nazroo, 2017; McKee & Soaita, 2018). Housing activist group Uplift conducted a survey with over 3000 participants and found that 84% of renters in Ireland felt insecure about their housing situation and more than half said their mental health was affected by it (Uplift, 2019). The data from Uplift's survey has certainly paved the way for future research in this area, however there is still very limited empirical research on the effects of the housing crisis within an Irish context. This study aims to address this gap by investigating the impact of Irish people's housing difficulties on their mental well-being. For the purpose of this study, and to reflect the current issues that many people living in Ireland face, housing difficulties are defined by residential status, housing opportunity, housing security and housing satisfaction. Mental well-being incorporates both hedonic and eudaimonic aspects, addressing the emotional, psychological and social well-being of the individual (Lamers, Westerhof, Bohlmeijer, ten Klooster & Keyes, 2011) along with levels of optimism. Personality traits are also accounted for as a confounding variable, possibly impacting on well-being and optimism scores.

Mental well-being

Mental well-being is widely researched in the field of psychology, with concepts of mental health changing and developing constantly over recent years. Diener (2009) defines

mental well-being as a person feeling and thinking his or her life is desirable regardless of how

others see it. Taking on a more functional approach, Kruger and Stone (2014) view well-being

from the perspective of the way in which people evaluate their life experiences and specific

domains such as health and finance. In their definition of mental health, The World Health

Organisation (WHO) (2019) describe a state in which 'every individual realises his or her own

potential, can cope with the normal stresses of life, can work productively and fruitfully, and is

able to make a contribution to her or his community.' According to WHO's definition, mental

health is not defined by the absence of mental illness alone, rather, it reflects the presence of a

state of well-being (Luijten, Kuppens, van de Bongardt & Nieboer, 2019), including the presence

of positive feelings and positive functioning in individual and community life (Lamers et al.,

2011).

The core components of the WHO definition build on two longstanding traditions in

well-being studies (Deci & Ryan, 2008; Ryff, 1989) known as hedonic and eudaimonic well-

being. The hedonic approach focuses on feelings of happiness and defines well-being in terms of

pleasure attainment and pain avoidance (Ryan & Deci, 2001). Whereas the eudaimonic tradition

focuses on optimal functioning in individual and social life (Keyes, 1998), defining well-being in

terms of the degree in which a person is fully functioning (Ryan & Deci, 2001). Although

Kashdan et al. (2008) have criticised this dichotomy, stating that eudaimonic well-being lacks

consistency and a clear definition. However, many researchers support the idea of eudaimonic

well-being (Ryff & Singer, 2000; Ryan & Deci, 2001) stating that factors such as autonomy,

mastery and personal growth are all constituents of well-being. With regards to measuring

mental well-being, Clapham, Foye and Christian (2018) argue that more wide-ranging measures

should be used in order to address the nature of hedonic and eudaimonic traditions. Bond,

Kearns, Mason, Tannahill, Egan and Whitely (2012) argue that when studying a general population, it is important to work under the assumption that everyone has mental health and relatively few people experience mental illness. Therefore, their preference is to adapt a positive mental well-being measure when studying general populations. An example of such measure is the Mental Health Continuum scale, developed by Keyes (2002), which measures emotional, social and psychological well-being, categorising participants as either languishing or flourishing.

Optimism

According to Carver, Scheier and Segerstrom (2010), optimism is a psychological trait which reflects one's ability to maintain favourable expectations for the future. Many researchers have shown that optimism is highly important when considering mental well-being (Marshall, Wortman, Kusulas, Hervig & Vickers, 1992; Scheier et al. 1994; Daukantaite & Bergman, 2005). When controlling for previous state of well-being, higher levels of optimism have been related to better mental well-being in times of adversity or difficulty (Carver et al., 2010). Furthermore, optimism works alongside other factors such as socioeconomic status and social integration, which serve as protective factors for mental well-being (Kawachi & Berkman, 2001; Lorant et al., 2003). Optimism is largely focused on future expectations, in other words, one's confidence in a goal that can be attained (Carver et al., 2010).

Housing and mental well-being

Upon reviewing the literature associated with housing and mental well-being, one can trace back to Maslow's Hierarchy of Needs, a core psychological theory rooted in motivational factors (Maslow, 1943). Maslow (1943) identifies shelter as one of the basic physiological needs

of an individual that is fundamental in moving on to more advanced needs such as safety, security and wellness. Furthermore, when addressing the idea of 'healthy housing' the WHO (2018) speak about the importance of a feeling of home, including a sense of belonging, security and privacy. When the fundamental need for shelter is not being met, then one might assume under Maslow's theory that this would impact on the individual's mental well-being. The idea that poor housing security, opportunity, conditions and tenure have an impact on well-being is supported by many research studies. For instance, in their study of 1200 participants, Linton, Leifheit, McGinty, Barry, and Pollack (2021) found that adults experiencing housing insecurity in the US presented higher levels of psychological distress and lower self-rated health overall. Analysis of longitudinal data in the UK has shown that those living in rented accommodation are more likely to experience mental ill health than owner-occupiers (Mind, 2019). Furthermore, when conducting a study in deprived areas of Glasgow, Bond et al. (2012) found that quality of housing is correlated with mental well-being. Most studies focus on the effects of housing on mental illness such as depression, stress and anxiety (Copp et al., 2015; Mind, 2019; Propper, Bolster & Burgess, 2005). However, Bond et al. (2012) argue that WHO's (2019) definition of mental health based on how we feel and how we function should be conceptualised by the measures used in housing studies.

Residential status and housing opportunity

Many research studies investigate the impact of residential status and housing opportunity on mental well-being. Homeownership appears to be the preferred tenure for many people, bringing greater security, independence and investment (McKee & Soaita, 2018). Saunders (1990) found that homeownership brings more freedom and satisfaction in maintaining property, as opposed to renting. Many studies show that homeownership is associated with

mental well-being (Evans et al., 2000; Kearns et al., 1992; Kearns & Smith, 1993). In Ireland,

homeownership has been built into the population's psyche for many years, with 86.5%

expressing preference for owning their home in a survey of 750 respondents conducted in 2018

(Corrigan, Cotter & Hussey, 2019). However, this preference may be far out of reach for many,

with Ireland currently experiencing the lowest rate of homeownership in nearly five decades

(Ryan-Christensen, 2022). Ireland is becoming what Hearne (2020) refers to as the 'post-home-

ownership' society. Interestingly, in the Aviva Family Finance Report, (2018) 28% of

participants who would prefer to own their own home stated that they will never be able to afford

one. This leads to what McKee and Soaita (2018) coin as the aspiration-expectation gap. When

buying a house is a key aspiration or milestone for so many, and this aspiration is not being

fulfilled, it is assumed that mental well-being and optimism for the future would be impacted.

For instance, in McKee and Soaita's (2018) qualitative study in the UK, they found that young

adults who expressed preference in home ownership but were unable to achieve this, reported

high levels of stress and anxiety. As discussed previously, optimism is highly associated with

expectations to achieve goals and milestones in the future, with Carver et al. (2010) stating that

those who do no expect to attain their goals tend to present lower levels of optimism. Therefore,

one might assume that those who are not expecting to achieve their goal of homeownership

might show low levels of optimism for the future.

Housing security and satisfaction

As discussed above, many people want to own their own home as a result of the personal

and financial security that homeownership brings (McKee & Soaita, 2018). On the contrary, with

the private rental market comes a great deal of precarity and insecurity, with renters facing high

levels of stress in relation to rent increases, evictions, lack of tenant protections and inadequate

living conditions (Hearne, 2020). In a US study, adults experiencing housing insecurity presented higher levels of psychological distress and lower self-rated health (Linton et al., 2021). In Ireland, 84% of renters reported feeling insecure about their housing situation, with more than half stating their mental well-being was affected by it (Uplift, 2019). Housing insecurity faced by generation rent and generation living at home often impacts on family formation, planning for the future and setting roots in the community (Hearne, 2020). For instance, in a newspaper article which provides a snapshot of the human faces of the housing crisis, quotes read "it's only fair to bring a child into a secure home - to not have that is really disheartening" and "I'm in a position where I feel like I can't have children, because I couldn't support them" (O'Rourke & Bowers, 2021). In Uplift's (2019) report, one participant states "there is no planning for the future, there is just scrambling to live here another month".

The current study

As discussed above, there are numerous research studies in relation to housing issues impacting on mental well-being. However, there are very few studies conducted based on an Irish population. While the topic of housing is widely discussed in the media, with those affected sharing their experience anecdotally online, in newspaper articles or on radio interviews; there is a lack of empirical evidence to explore the psychological impact of the current housing situation in Ireland. Furthermore, the coronavirus pandemic has highlighted many social issues that exist nationwide, with housing being one of them, and it is important that psychological research addresses the impact that these issues may have on mental well-being.

The literature review showed that many past studies linking housing with mental health have focused on diagnosable mental illness such as depression and anxiety as opposed to general mental well-being (Copp et al., 2015; Linton et al., 2011; Mind, 2019; Propper et al., 2005). Therefore, positive mental well-being, as opposed to mental ill health, will be measured for the purpose of this study, using Keyes' (2002) Mental Health Continuum scale.

A limitation addressed by some studies discussed above was the lack of confounding variables measured in their study. One variable that came up was personality traits, and the impact they can have on mental well-being scores (Bond et al., 2012). The current study takes this recommendation into account and controls for personality types according to the Big Five Inventory (McCrae & Costa, 1985).

Lastly, upon reviewing the current literature based on housing and mental well-being, it is evident that many studies are based on younger samples such as adults aged 20 – 35 for example. However, Irish research shows that generation rent, and generation stuck at home also includes people in their 30s and 40s as well as older people in their 50s and 60s and into retirement (Hearne, 2020). Therefore, to represent these age groups in housing and well-being research, the current study extends its sample recruitment to those aged 18 or over.

To that end, the overarching aim of the current study is to investigate the impact of the Irish housing crisis on mental well-being in adults aged 18 and over living in Ireland. The study aims to assess the impact of residential status, housing opportunity, housing security and housing satisfaction on mental well-being and optimism, while controlling for personality types.

The following hypotheses will be examined:

Hypothesis 1

It is hypothesised that residential status will influence mental well-being and optimism.

Hypothesis 2

It is hypothesised that housing opportunity will influence mental well-being and optimism.

Hypothesis 3

It is hypothesised that housing security will influence mental well-being and optimism.

Hypothesis 4

It is hypothesised that housing satisfaction will influence mental well-being and optimism.

Methodology

Participants

Participants were recruited using a purposive snowball sampling technique. The inclusion criteria stated that participants must be over 18 and living in Ireland. The survey link was distributed, alongside an accompanying message (see Appendix A), on the researcher's private social media accounts: Facebook, Instagram and Twitter. The link was also distributed to voluntary housing agencies and academics in the field of social policy, economics and housing for them to share with their networks.

The initial research sample of the current study consisted of 559 participants. 6 individuals were excluded from the analyses on the basis of not meeting the inclusion criteria of living in Ireland and being aged 18 or over. The final sample comprised of 553 participants (330 females and 223 males), with a mean age of 30.75 years ($SD = 8.08$) ranging from 18 to 65.

Measures

Mental Health Continuum Short-Form (14-Items) (MHC-SF)

This 14-item scale (see Appendix C) developed by Keyes (2002) was used to assess mental well-being of participants. The 14 items represent emotional, social and psychological well-being. There are 3 items under emotional well-being which take into account hedonic well-being, 6 items for psychological well-being and 5 items for social well-being (both of which represent eudaimonic well-being). Each participant answered how frequently they have experienced each item over the last month. Total sum of scores can range from 0 to 70, with

higher scores indicating higher levels of well-being (Luijten et al., 2019). Individuals who

experienced 'every day' or 'almost every day' for at least one of the three signs of hedonic well–

being and at least six of the eleven signs of positive functioning during the past month are

characterised as 'flourishing'. Participants who reported low levels (i.e., 'never' or 'once or

twice' during the past month) on at least one measure of hedonic well–being and low levels on at

least six measures of positive functioning are characterised by 'languishing' mental health

(Keyes, 2002). The MHC-SF has shown excellent reliability and validity (Lamers et al., 2011).

The Cronbach's alpha calculated for the current sample was .71, indicating good internal

consistency.

Life Orientation Test – Revised (10-items) (LOT-R)

The LOT-R scale was used to assess levels of optimism in participants. This 10-item

scale (see Appendix C) was adapted by Scheier, Carver and Bridges (1994) from the original 12-

item Life Orientation Test developed by Scheier and Carver (1992). The revised scale eliminated

two items from the original scale which dealt more with coping styles rather than positive

outcome expectancy (Scheier et al., 1994). Of the 10 items, 3 items measure optimism, 3 items

measure pessimism, and 4 items operate as fillers. Items 2, 5, 6 and 8 operate as fillers and hence

are not included in scoring. Items 3, 7 and 9 were reverse scored. Participants rated each item on

a 5-point scale where 0 = strongly disagree and 4=strongly agree (Scheier et al., 1994). For this

scale, the maximum score that participants can attain is 24, indicating a very high level of

optimism. While the minimum score is 0, which indicates a very low level of optimism.

Optimism scores are the sum of items 1, 4 and 10, whereas pessimism scores are the sum of

items 3, 7 and 9. The LOT-R has been reported to have acceptable internal consistency, with a

value of .72 (Hirsch, Britton & Conner, 2010). The Cronbach's alpha calculated for the current

sample was low with $\alpha = .51$ for optimism and $\alpha = .63$ for pessimism. However, as the scale is quite short in length with just 10 items (4 of which are fillers), Pallant's (2020) recommendation is to take the mean inter-item correlation into account, which was .26 for optimism and .36 for pessimism, showing adequate reliability.

Big Five Inventory – Short (15-items) (BFI-S)

This scale (see Appendix C) was used to account for the possibility of personality factors influencing results on well-being (MHC-SF and LOT-R scales) (Bond et al., 2012). Gerlitz and Schupp's (2005) version of the Big Five inventory was chosen as it shows good reliability and validity (Hahn, Gottschling & Spinath, 2012). McCrae and Costa (1985) propose that individual differences in personality characteristics generally reflect five broad trait dimensions: neuroticism, extraversion, openness, agreeableness and conscientiousness. The BFI-S has 15 items based on these five dimensions. Items 1, 2 and 3 represent the trait Neuroticism. Items 4, 5 and 6 represent Extraversion. Items 7, 8 and 9 represent Openness. Items 10, 11 and 12 represent Agreeableness and items 13, 14 and 15 represent Conscientiousness. Items 3, 6, 10 and 14 were reverse scored. This measure is scored on a 7-point Likert scale ranging from 1 to 7, with 1 representing strongly disagree and 7 representing strongly agree. Cronbach's alpha for each personality dimension showed good internal consistency: Openness ($\alpha = .71$), Conscientiousness ($\alpha = .76$), Extraversion ($\alpha = .65$), Agreeableness ($\alpha = .70$), and Neuroticism ($\alpha = .73$)

Materials

The materials used in this study consisted of an online survey using Microsoft Forms. The survey link contained an information page, a survey page (consisting of seven demographic questions and three questionnaires) and a debrief page.

Design

This research was conducted using a non-experimental quantitative design. The study was cross-sectional as all data was collected at a specific point in time. The design consisted of a self-report online survey containing seven demographic questions and three scale-rated questionnaires. The dependent variable (DV) was mental well-being, and the independent variables (IV) were residential status, housing opportunity and housing insecurity. Mental well-being was characterised by the Mental Health Continuum – Short Form (MHC-SF) and Life Orientation Test – Revised (LOT-R) scores. Personality, measured by the Big Five Inventory – Short (BFI-S), was included as a covariate in which impact on mental well-being scores was possible.

Variables:

H1: Residential status (IV) has an impact on mental well-being (DV) which consists of MHC-SF and LOT-R scores, controlling for personality factors (BFI-S).

H2: Housing opportunity (IV) has an impact on mental well-being (DV) which consists of MHC-SF and LOT-R scores, controlling for personality factors (BFI-S).

H3: Housing security (IV) has an impact on mental well-being (DV) which consists of MHC-SF and LOT-R scores, controlling for personality factors (BFI-S).

H4: Housing satisfaction (IV) has an impact on mental well-being (DV) which consists of MHC-SF and LOT-R scores, controlling for personality factors (BFI-S).

Procedure

Data was collected for the research study in December 2021 – January 2022 via an online questionnaire. The research began with the questionnaire being posted, alongside the accompanying message (see Appendix A), via social media platforms Twitter, Facebook and Instagram. The link was also sent to several voluntary housing agencies and academics in the field, requesting that they share the survey with their own networks. The social media post directed participants to the online Microsoft Form link.

Once participants opened the link, they were directed to the landing page of the Microsoft Form, which contained an information sheet (see Appendix B) outlining research aims, instructions for participation, time commitment, participants' rights, benefits & risks, anonymity and contact details of researcher & supervisor.

Participants were not able to move on to the next page until they ticked a box (Yes/No) on whether they wish to consent to participate in the research. They also had to meet the two inclusion criteria questions which asked them if they were over 18 and living in Ireland. Once participants confirmed their consent and met the inclusion criteria, they were brought to the survey page which consisted of seven demographic questions and three questionnaires (see Appendix C).

     Once participants completed the survey page, they were brought to the debrief page (see Appendix D) which provided contact details, should they have any further queries or issues, and signposting to relevant support services in relation to housing and mental health. When data collection ceased in January, the data was downloaded from Microsoft Forms as an excel spreadsheet which was then uploaded to IBM SPSS 27 for analysis.

Results

Descriptive statistics

Descriptive statistics for demographic variables are presented in Table 1 below. 59.7% of the sample were female (n = 330), and 40.3% were male (n= 223). The majority of participants had a residential status of renting (n = 248), of which 37.3% stated that they were not currently able to save for a mortgage but would like to. Most participants were living in their current residence for less than a year (n = 217) and 46.1% reported that they were fairly satisfied in their residence. 34% of participants reported that they felt worried about paying their rent or mortgage over the past twelve months.

Table 1

Frequencies for the current sample on each demographic variable (n = 553)

Variable	Frequency	Valid %
Sex		
Female	330	59.7
Male	223	40.3
Residential status		
Renting	248	44.8
Living with parents	235	42.5
Homeowner	70	12.7

Duration in current residence

Less than 1 year	217	39.2
1 – 5 years	21	3.8
6 – 10 years	143	25.9
11 – 15 years	49	8.9
16+ years	123	22.2

Satisfied with current residence

Not satisfied	221	40.0
Fairly satisfied	255	46.1
Very satisfied	77	13.9

Worried about paying rent/mortgage

Never	93	16.8
Sometimes	188	34.0
Usually	182	32.9
Always	90	16.3

Currently saving for mortgage

No, not interested in owning home	33	6.0
No, would like to but not able to	206	37.3
Yes, but not as much as desired	107	19.3

Yes, saving for 1 year +	137	24.8	
Not applicable	70	12.7	

Descriptive statistics such as means (M), standard deviations (SD) range, and confidence intervals (CI) are presented in Table 2 for all continuous variables. Participants had a mean age of 30.75 years (*SD* = 8.08), ranging from 18 to 65 years. Preliminary analysis was performed on the data, which indicated that all continuous variables followed the assumptions of normality. Histograms are presented in Appendix E to indicate normal distribution of data.

Table 2

Descriptives for the current sample on each continuous variable (n = 553)

Variable	*M* [95% CI]	*SD*	Range
Age	30.75[30.12 – 31.46]	8.08	18 – 65
Mental Health Continuum	49.26[48.35 – 50.20]	11.19	14 – 70
Emotional well-being	8.77[8.43 – 9.09]	3.89	0 - 15
Social well-being	20.83[20.42 – 21.24]	4.92	0 – 25
Psychological well-being	19.66[19.11 – 20.19]	6.12	0 - 30
Life Orientation	13.97[13.65 – 14.29]	3.92	6 - 24
Big Five Personality Traits			

Extraversion	9.98[9.71 – 10.26]	3.32	3 – 20
Agreeableness	10.04[9.74 – 10.34]	3.78	3 – 19
Conscientiousness	9.84[9.55 – 10.13]	3.70	3 – 20
Neuroticism	10.70[10.38 – 11.01]	3.86	3 – 20
Openness	10.45[10.12 – 10.78]	3.90	3 – 18

Inferential statistics

Hypothesis 1: Residential status has an impact on mental well-being

In order to test differences of mental well-being (mental health continuum scores and optimism scores) among various residential status groups while controlling for personality traits, a one-way between groups analysis of covariance (ANCOVA) was conducted. Preliminary checks were conducted to ensure that there was no violation of the assumption of normality, linearity, homogeneity of regression slopes, and reliable measurement of the covariate.

A one-way analysis of covariance showed that mental health continuum scores differed significantly across residential status groups when controlling for personality traits, $F(2, 545) = 4.31$, $p = .014$. Despite the significant difference, the effect size was small (partial eta squared = .02). In this case, agreeableness was the only personality trait showing a significant relationship with mental health continuum scores ($p = .02$); however, the effect size was extremely small (partial eta squared = .009). Post hoc tests showed that there was a significant difference between homeowner and renter groups ($p = .01$) and homeowner and living with parents groups ($p < .05$).

Comparing the estimated marginal means showed that the highest mental health continuum score was for the living with parents group ($M = 49.99$).

A one-way analysis of covariance showed no significant difference between residential status groups on optimism scores when controlling for personality traits, $F (2, 545) = .50, p = .61$, partial eta squared = .002. Agreeableness and neuroticism both showed significant relationships with optimism scores ($p < .05$), however both effect sizes were small (partial eta squared = .03).

Hypothesis 2: Housing opportunity has an impact on mental well-being

In order to test differences of mental well-being (mental health continuum scores and optimism scores) among various housing opportunity groups while controlling for personality traits, a one-way between groups analysis of covariance (ANCOVA) was conducted. Preliminary checks were conducted to ensure that there was no violation of the assumption of normality, linearity, homogeneity of regression slopes, and reliable measurement of the covariate.

A one-way analysis of covariance showed that mental health continuum scores differed significantly across housing opportunity groups when controlling for personality traits, $F (4, 543) = 3.47, p = .008$. Despite the significant difference, the effect size was small (partial eta squared = .03). In this case, agreeableness was the only personality trait showing a significant relationship with mental health continuum scores ($p = .03$); however, the effect size was extremely small (partial eta squared = .009). Post hoc tests showed that there was a significant difference between groups who wanted to save for a mortgage but were unable to, and groups who did not express interest in owning a property ($p = .04$). Comparing the estimated marginal means showed that the

highest mental health continuum score was for those who expressed no interest in owning their own home ($M = 51.08$), while the lowest scores was for those who were unable to ($M = 48.56$).

A one-way analysis of covariance showed no significant difference between housing opportunity groups on optimism scores when controlling for personality traits, $F(4, 543) = 1.45$, $p = .22$, partial eta squared = .011. Agreeableness and neuroticism both showed significant relationships with optimism scores ($p < .05$), however both effect sizes were small (partial eta squared = .03).

Hypothesis 3: Housing security has an impact on mental well-being

In order to test differences of mental well-being (mental health continuum scores and optimism scores) among various housing security groups while controlling for personality traits, a one-way between groups analysis of covariance (ANCOVA) was conducted. Preliminary checks were conducted to ensure that there was no violation of the assumption of normality, linearity, homogeneity of regression slopes, and reliable measurement of the covariate.

A one-way analysis of covariance showed that mental health continuum scores differed significantly across housing security groups when controlling for personality traits, $F(3, 544) = 7.64$, $p < .05$. Despite the significant difference, the effect size was relatively small (partial eta squared = .04). In this case, no personality traits showed significant differences with mental health continuum scores. Post hoc tests showed that there was a significant difference between groups who reported they were always worried about paying rent/mortgage those who were sometimes worried ($p < .05$) and between groups who were always worried and usually worried ($p < .05$). Comparing the estimated marginal means showed that the lowest mental health continuum score was for those who were always worried ($M = 47.38$).

A one-way analysis of covariance showed no significant difference between housing security groups on optimism scores when controlling for personality traits, $F(3, 544) = 1.64$, $p = .18$, partial eta squared $= .009$. Agreeableness and neuroticism both showed significant relationships with optimism scores ($p < .05$), however both effect sizes were small (partial eta squared $= .03$).

Hypothesis 4: Housing satisfaction has an impact on mental well-being

In order to test differences of mental well-being (mental health continuum scores and optimism scores) among various housing satisfaction groups while controlling for personality traits, a one-way between groups analysis of covariance (ANCOVA) was conducted. Preliminary checks were conducted to ensure that there was no violation of the assumption of normality, linearity, homogeneity of regression slopes, and reliable measurement of the covariate.

A one-way analysis of covariance showed that mental health continuum scores differed significantly across housing satisfaction groups when controlling for personality traits, $F(2, 545) = 12.72$, $p < .05$. Despite the significant difference, the effect size was relatively small (partial eta squared $= .05$). In this case, agreeableness was the only personality trait showing a significant relationship with mental health continuum scores ($p = .014$); however, the effect size was small (partial eta squared $= .011$). Post hoc tests showed that there was a significant difference between groups who were not satisfied and groups who were very satisfied with their residence ($p < .05$) and between groups who were fairly satisfied and groups who were very satisfied ($p < .05$). Comparing the estimated marginal means showed that the highest mental health continuum score was for those who were very satisfied ($M = 50.77$).

A one-way analysis of covariance showed that optimism scores differed significantly across housing security groups when controlling for personality traits, $F (2, 545) = 3.59$, $p =$ .028.Agreeableness and neuroticism both showed significant relationships with optimism scores ($p < .05$), however both effect sizes were small (partial eta squared = .03). Post hoc tests showed that there was a significant difference between groups who were fairly satisfied and groups who were very satisfied with their residence ($p = .03$). Comparing the estimated marginal means showed that the highest optimism score was for those who were fairly satisfied ($M = 14.32$).

Discussion

Overview of study aims

The aim of the current research study was to assess the impact of residential status, housing opportunity, housing security and housing satisfaction on mental well-being in adults aged 18+ and living in Ireland. The current study sought to provide a greater understanding of the impact of the Irish housing crisis on mental health continuum and optimism scores, while controlling for personality traits as a confounding variable.

Previous studies have found that housing issues such as tenure, insecurity, lack of opportunity and dissatisfaction are associated with poor mental well-being and low optimism levels (Bentley et al., 2016; Bond et al., 2012; Copp et al., 2015; Linton et al., 2021, McKee & Soiata, 2018; Mind, 2019). With regards to residential status, homeownership is shown to be associated with higher levels of positive mental well-being, when compared with groups who are renting or living with parents (Bentley et al., 2016; McKee & Soiata, 2018). Regarding opportunity to buy a property, studies have shown that adults who express interest in owning their own home but who are unable to, report poor levels of mental well-being and optimism for the future (McKee & Soiata, 2018). Lastly, when it comes to housing security and satisfaction, studies have shown that adults who feel insecure and dissatisfied in their current residence report significantly lower levels of mental well-being when compared to those who feel secure (Linton et al., 2021; Uplift, 2019). Through this research, four hypotheses were developed in order to address the aims of the current study.

Interpretation of results

Hypothesis 1: It is hypothesised that residential status will influence mental well-being and optimism.

Based on previous literature, it was hypothesised that residential status would have an impact on mental well-being and optimism. A one-way ANCOVA analysis was used to assess the difference between groups of participants who identified as homeowners, renters of living with their parents on mental health continuum and optimism scores, while controlling for personality traits. Results showed that mental health continuum scores differed significantly between residential status groups when controlling for the impact of personality traits. Participants who were renting reported lowest on the mental health continuum scale which is in line with previous studies (Bentley et al., 2016; McKee & Soiata, 2018).

Interestingly, those living with their parents reported higher on the mental health continuum scale compared with homeowners. This result is somewhat inconsistent when compared to other studies such as Copp et al. (2015) who found that adults living in the parental home report higher levels of depressive symptoms. While Copp et al., (2015)'s study differs to the current study in terms of using a mental illness measure as opposed to a mental well-being measure, it is still worth noting this inconsistency.

Residential groups did not differ significantly on optimism scores in the current study. Although somewhat unexpected, this finding is consistent with a past undergraduate Irish study which found similar results. Doolan (2019) hypothesised that homeowners would report higher levels of optimism when compared with other groups, however no significant differences were found.

Hypothesis 2: It is hypothesised that housing opportunity will influence mental well-being and optimism.

Based on previous literature, it was hypothesised that housing opportunity would have an impact on mental well-being and optimism. A one-way ANCOVA analysis was used to assess the difference between groups of participants who (i) expressed no interest in buying a property, (ii) expressed in saving for a mortgage but were unable to, (iii) were saving for a mortgage but not as much as they would like, and (iv) were saving for a mortgage for more than a year, on mental health continuum and optimism scores, while controlling for personality traits. Results here showed that participants who expressed an interest in saving for a mortgage but felt that they were unable to, reported the lowest scores on the mental health continuum scale compared to other groups. This finding is consistent with McKee and Soiata's (2018) study where participants in the UK who wanted to buy a property but couldn't reported high levels of stress and anxiety. This finding also supports the idea of an aspiration-expectation gap that many people are faced with during the current housing crisis (Aviva, 2018).

Housing opportunity groups did not differ significantly on optimism scores in the current study. As previous housing studies measuring optimism levels are limited, particularly within an Irish context, it is difficult to make comparison here based on empirical research. When looking at the aspiration-expectation gap, while many Irish people have expressed aspirations of owning their own home, but much fewer actually expect that to become a reality (Aviva, 2018), perhaps levels of optimism are relatively low. Therefore, a significant difference was expected for optimism scores among these groups.

Hypothesis 3: It is hypothesised that housing security will influence mental well-being and optimism.

Based on previous literature, it was hypothesised that housing security would have an impact on mental well-being and optimism. A one-way ANCOVA analysis was used to assess the difference between groups of participants who (i) never worried about paying rent/mortgage, (ii) sometimes worried about paying rent/mortgage, (iii) usually worried about paying rent/mortgage, and (iv) always worried about paying rent/mortgage on mental health continuum and optimism scores, while controlling for personality traits. As expected, there were significant difference between these groups, with those who were always worried about rent/mortgage payment scoring lowest on the mental health continuum scale. This result is consistent with studies which found associations between housing security and mental well-being (McKee & Soiata, 2018; Linton et al., 2021).

There were no significant differences found between groups on optimism scores. As previous housing studies measuring optimism levels are limited, particularly within an Irish context, it is difficult to make comparison here based on empirical research. However, when considering less formal, anecdotal data presented by news media which infers pessimism with regards to the future for renters and those living at home who report feelings of insecurity, (see Barry, 2021), this result was unexpected.

Hypothesis 4: It is hypothesised that housing satisfaction will influence mental well-being and optimism.

Based on previous literature, it was hypothesised that housing satisfaction would have an impact on mental well-being and optimism. A one-way ANCOVA analysis was used to assess the difference between groups of participants who were (i) not satisfied, (ii) fairly satisfied, and (iii) very satisfied with their residence, on mental health continuum and optimism scores, while controlling for personality traits. Significant differences were found between groups for both mental health continuum and optimism scores. As hypothesised, those who reported that they were very satisfied with their residence scored highest on the mental health continuum scale. This is consistent with previous literature discussed above (Linton et al., 2021; Mind, 2019). With regards to optimism scores, those who reported that they were fairly satisfied showed higher levels of optimism.

Strengths and limitations

Findings of the current study should be critically evaluated with respect to a number of limitations. Firstly, a limitation of the current study was the low reliability of the Life Orientation Test – Revised (LOT-R) which was used to measure levels of optimism. While mean inter-item correlation was taken into account as per Pallant's (2020) recommendations for scales with ten items of less, the initial low Cronbach's alpha must still be considered as a limitation of this study.

Another limitation of this study was the small effect sizes that were produced during the one-way analysis of covariance when testing group differences. While significant differences were found between many groups, some effect sizes were quite small, which makes it more complex when inferring a true difference based on scores.

Lastly, a limitation of the current study was the possible lack of representation of homeowners; a group which only accounted for 13% of the overall sample. Upon reviewing descriptive statistics, just under half of homeowners were aged 40 or over; therefore, the recruitment of participants may not have reached a wide enough range of demographics to capture this age group.

A strength of this study was the overall sample size ($N = 553$) which captured a wide range of demographics and allowed for an in-depth analysis of the effects of the Irish housing crisis on mental well-being. While the current study is novel in its nature, particularly within an Irish context, it produced some significant results which contributes to existing literature on housing issues and well-being.

Applications and implications for future research

This research study investigates the housing crisis through a psychological lens, showing the impact that current housing issues are having on the people of Ireland. While housing debates have taken over political spheres more and more frequently in recent years, it is important that mental well-being is accounted for in Irish housing policy. Returning to Maslow's (1943) Hierarchy of Needs, fundamental basic needs begin with shelter, safety and security and it is essential that these needs are met in order for people to reach their full potential. Therefore, it is imperative that people in Ireland can feel secure and stable in relation to their home. Findings from the current study may help in providing empirical evidence to back up some of the personal stories from those affected by the Irish housing crisis that one sees in the newspapers, on television and via social media on a regular basis.

Conclusion

The current study aimed to assess the impact of residential status, housing opportunity, housing security and housing satisfaction on mental well-being in adults aged 18+ and living in Ireland. The current study sought to provide a greater understanding of the impact of the Irish housing crisis on mental health continuum and optimism scores, while controlling for personality traits as a confounding variable. The key findings of the study show that mental well-being is affected by residential status, housing opportunity, housing security and satisfaction, while optimism is affected by housing satisfaction. Results show that homeowners have higher levels of positive mental well-being than renters and those living at with parents. Another key finding shows that adults who expressed interest in saving for a mortgage but were unable to reported poorer mental well-being, supporting the aspiration-expectation gap cited in previous literature. While some limitations exist in terms of scale reliability and effect size, this study contributes to a growing area of research which may someday impact on the Irish housing system. It is evident that homeownership is still an important milestone for so many, but a reality for so few.

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Appendices

Appendix A

Accompanying Message to Survey Link

Undergraduate psychology student looking for participants to take part in a research study on the psychological effects of the Irish housing crisis. The research will investigate the effect of housing tenure, housing opportunities and housing security on the mental well-being of people aged 18+ and living in Ireland.

If you would like to participate, please find the survey link here:

https://forms.office.com/r/AJhhuxjB09

Appendix B

Information Page & Consent

Housing for All? The psychological impacts of the Irish housing crisis.

I am an undergraduate Psychology student in National College of Ireland, conducting a research study for my final year thesis. The research will investigate the effect of residential status, housing opportunities and housing security on the mental well-being of people aged 18+ and living in Ireland.

Please read the following information before deciding whether or not to participate.

What are the objectives of this study?

The nature of this study requires participants to complete an online survey containing demographic questions and questionnaires. The data gathered from the survey will be analysed in a research report investigating the psychological impacts of the Irish housing crisis

Why have I been asked to participate?

This research study is looking for people aged 18 and over who are currently residing in Ireland to take part.

What does participation involve?

Participation is voluntary and requires completion of an anonymous online survey. Firstly, participants will be required to answer a number of demographic questions relating to age, sex etc. Secondly, participants will be required to complete scale-like questions.

Right to withdraw

Participants can exit the online survey at any stage – your data will only save if you hit the 'submit' button. However, as participation is anonymous, once participants have completed the survey, it will not be possible to withdraw.

Are there any benefits from my participation?

While there will be no direct benefit from participation, studies like this can make an important contribution to our understanding of societal issues such as the housing crisis in Ireland, and how this may be impacting on mental well-being. As such, the findings from this study may be presented at national and international conferences and will be submitted for publication in peer-reviewed journals. Interim and final reports will be prepared. Individuals will not be offered any monetary or other rewards for their participation.

Are there any risks involved in participation?

There are no risks associated with participation. Any inconvenience involved in taking part will be limited. The content in the survey may be difficult for some participants – if this is the case, details of support services will be listed in the final page after completion of survey.

Confidentiality

The data we collect from participants is anonymous, therefore there will be no personally identifiable information collected. The analysis will also refer to participants anonymously. Your anonymous answers will not be used for any other purpose or shared elsewhere.

Contact Details

If you have any further questions about the research, you can contact:

Researcher: Emma Halvey x18109721@student.ncirl.ie

Supervisor: Dr Fearghal O'Brien

Do you wish to consent to participate in the research?

[ ] Yes

[ ] No

Are you aged 18 or over?

[ ] Yes

[ ] No

Are you currently residing in Ireland?

[ ] Yes

[ ] No

Appendix C

Demographic Questions & Questionnaires

1. What sex are you?   [ ] Male   [ ] Female

2. What age are you?   _____ years (value must be a number)

3. What is your residential status?
   a. Renting
   b. Home owner
   c. Living with parents

4. If you are not a home owner, are you currently saving for a mortgage?
   a. Yes, I have been saving 1 year +
   b. Yes, but not as much as I would like
   c. No, I would like to but I am unable to
   d. No, I am not interested in owning a home

5. How long have you lived in your current residence?
   a. Less than 1 year
   b. 1 – 5 years
   c. 6 – 10 years
   d. 11 – 15 years
   e. 16 years +

6. Are you satisfied with your current residence?
   a. Not satisfied
   b. Fairly satisfied
   c. Very satisfied

7. How often in the past 12 months would you say you were worried about having enough money to pay your rent/mortgage?
   a. Always
   b. Usually
   c. Sometimes
   d. Never

Mental Health Continuum – Short Form (MHC-SF) 14-Item

Please answer the following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

During the past month, how often did you feel…	Never	Once or twice	About once a week	About 2 or 3 times a week	Almost every day	Every day
1.Happy						
2.Interested in life						
3.Satisfied with life						
4.That you had something important to contribute to society						
5.That you belonged to a community (like a social group, or your neighbourhood)						
6.That our society is a good place, or is becoming a better place, for all people						
7.That people are basically good						

8.That the way our society works makes sense to you						
9.That you liked most parts of your personality						
10.Good at managing the responsibilities of your daily life						
11.That you had warm and trusting relationships with others						
12.That you had experiences that challenged you to grow and become a better person						
13.Confident to think or express your own ideas and opinions						
14.That your life has a sense of direction or meaning to it						

Scoring the MHC-SF: Items are summed, yielding a total score ranging from 0 to 70. Subscale

scores range from 0 to 15 for the emotional (hedonic) well-being, from 0 to 25 for social well-

being, and from 0 to 30 for psychological well-being. Flourishing mental health is defined by

reporting ≥ 1 of 3 hedonic signs and ≥ 6 of 11 eudaimonic signs (social and psychological

subscales combined) experienced "every day" or "5-6 times a week." Higher scores indicate

greater levels of positive well-being (Keyes, 2002).

Life Orientation Test – Revised (LOT-R) 10-item

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

A = Strongly agree   B = Agree   C = Neither agree nor disagree   D = Disagree

E = Strongly disagree

1. In uncertain times, I usually expect the best.

2. It's easy for me to relax.

3. If something can go wrong for me, it will. (R)

4. I'm always optimistic about my future.

5. I enjoy my friends a lot.

6. It's important for me to keep busy.

7. I hardly ever expect things to go my way. (R)

8. I don't get upset too easily.

9. I rarely count on good things happening to me. (R)

10. Overall, I expect more good things to happen to me than bad.

Scoring the LOT-R:

Items 3, 7, and 9 are reverse scored (or scored separately as a pessimism measure). Items 2, 5, 6, and 8 are fillers and should not be scored. Scoring is kept continuous – there is no benchmark for being an optimist/pessimist.

Big Five Inventory Short (BFI-S) (15-Item)

Answer categories

1 . . . . 2 . .. . 3 . . . . 4 .. . . 5 . . . . 6 7

Strongly disagree   Strongly Agree

I see myself as someone who...

1. Worries a lot

2. Gets nervous easily

3. Remains calm in tense situations (R)

4. Is talkative

5. Is outgoing, sociable

6. Is reserved (R)

7. Is original, comes up with new ideas

8. Values artistic, aesthetic experiences

9. Has an active imagination

10. Is sometimes rude to others (R)

11. Has a forgiving nature

12. Is considerate and kind to almost anyone

13. Does a thorough job

14. Tends to be lazy (R)

15. Does things efficiently

Scoring the BFI-S: Neuroticism 1, 2, 3 Extraversion 4, 5, 6

Openness to experience 7, 8, 9 Agreeableness 10, 11, 12 Conscientiousness 13, 14, 15

(R = item is reverse-scored).

Appendix D

Debrief Page

Thank you for participating in this research study.

This research aims to explore the psychological impact on the Irish housing crisis on adults aged 18 and over. The survey was designed to investigate the impact of residential status, housing opportunity and housing insecurity on mental mental well-being and optimism.

If you require any further information in relation to the research study, please contact Emma Halvey via email x18109721@student.ncirl.ie

It is possible that some negative emotions have come up for you after completing this survey. Please find contact details below of support services available to you:

Aware

Freephone 1800 80 48 48 or email supportmail@aware.ie

https://www.aware.ie/

Samaritans – available 24/7 365 days a year

Freephone 116 123 https://www.samaritans.org/ireland/samaritans-ireland/

Crisis Textline – available 24/7

Freetext 'HELLO' to 50808 https://text50808.ie/

Threshold – housing advice and support

Free phone 1800 454454 https://www.threshold.ie/

Appendix E

Histogram for mental health continuum scores

Mean = 49.26
Std. Dev. = 11.186
N = 553
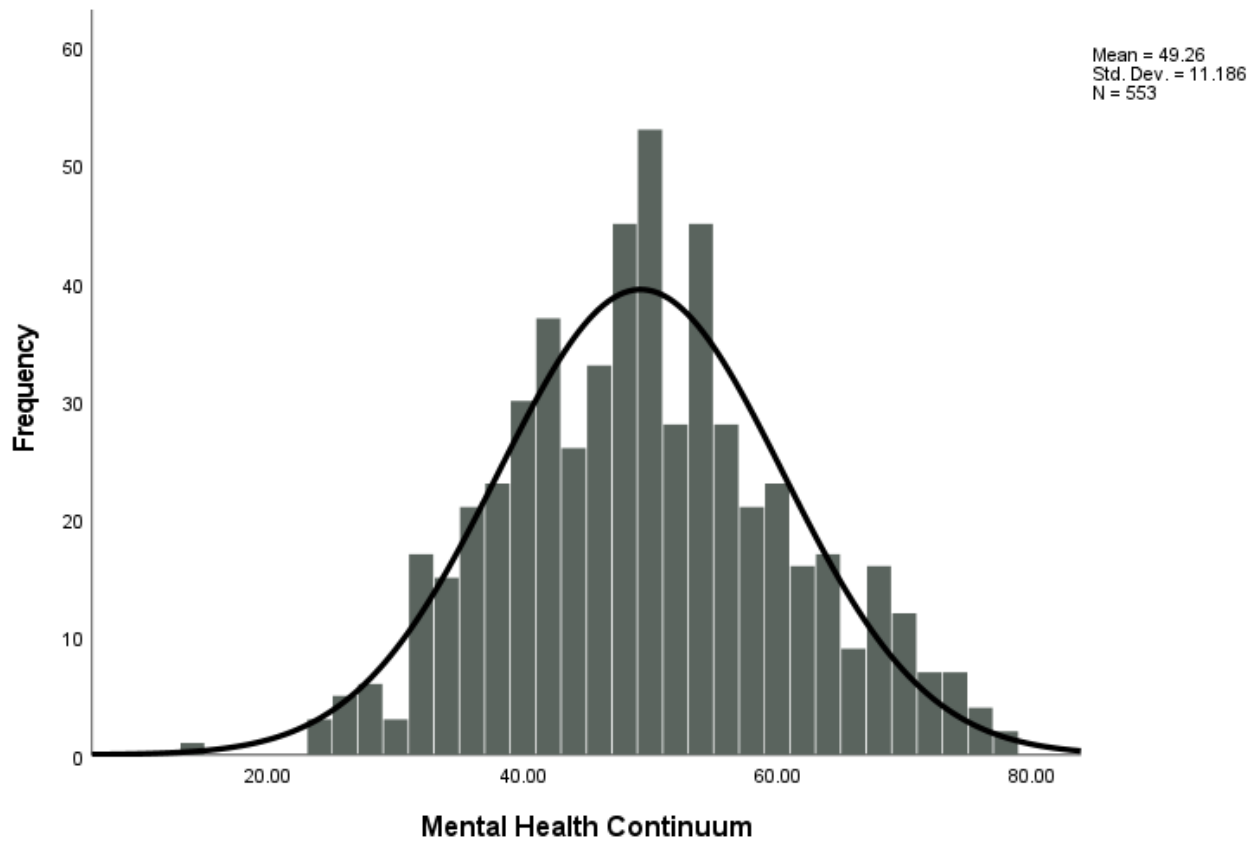
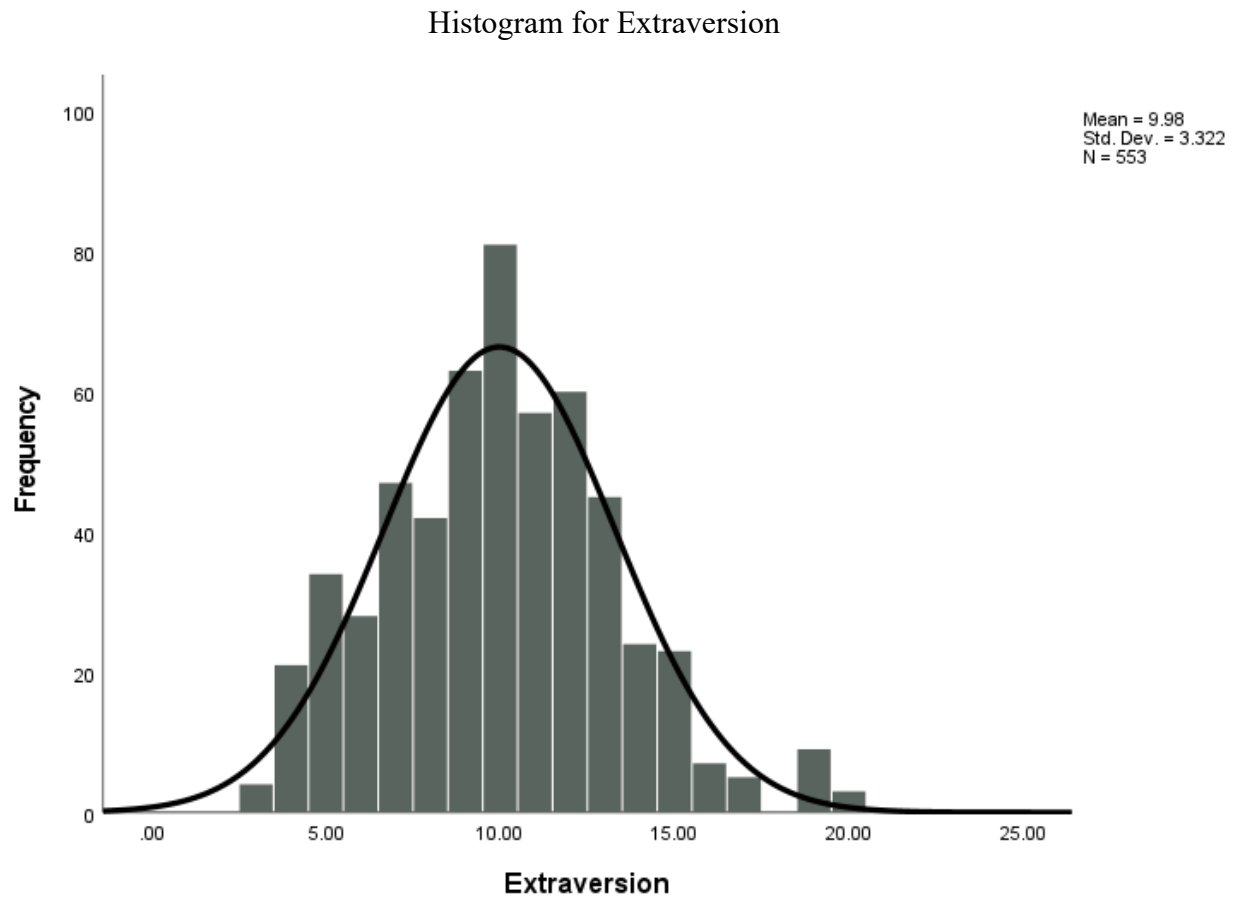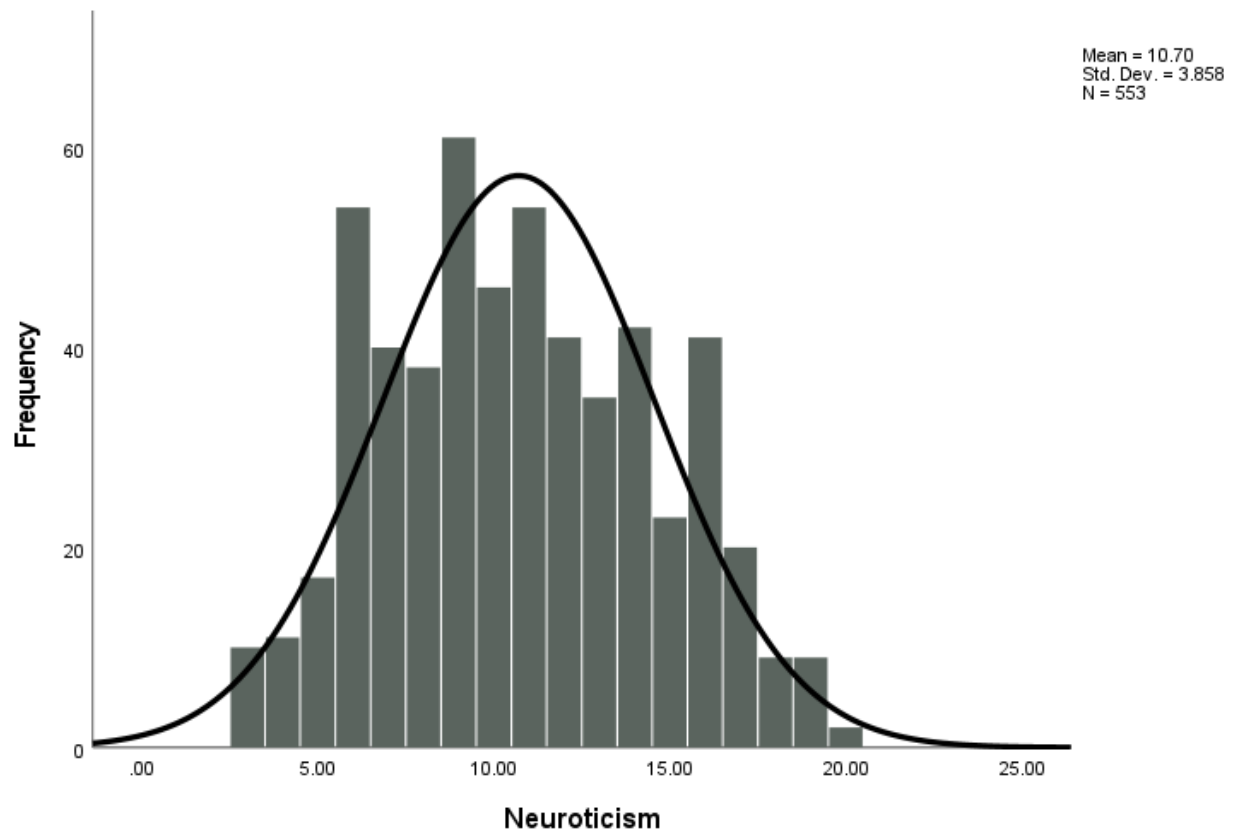Histogram for optimism scores
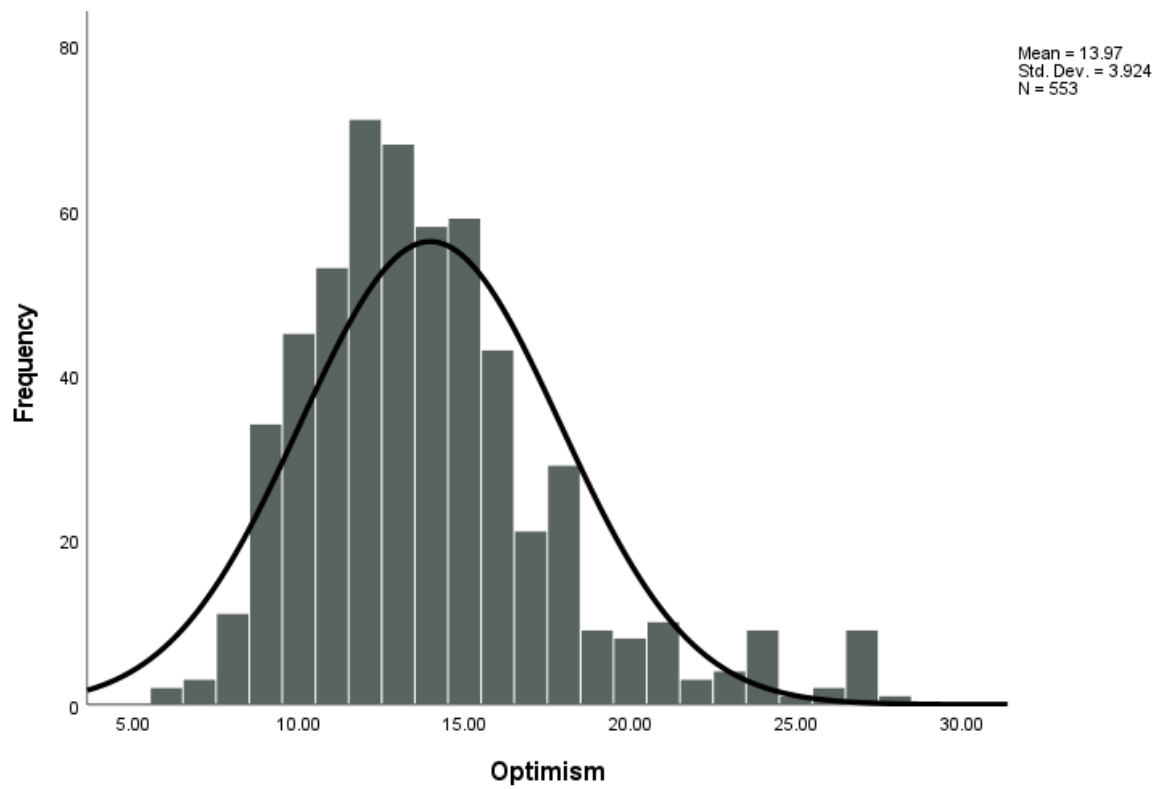
Histogram for Openness

Histogram for Extraversion
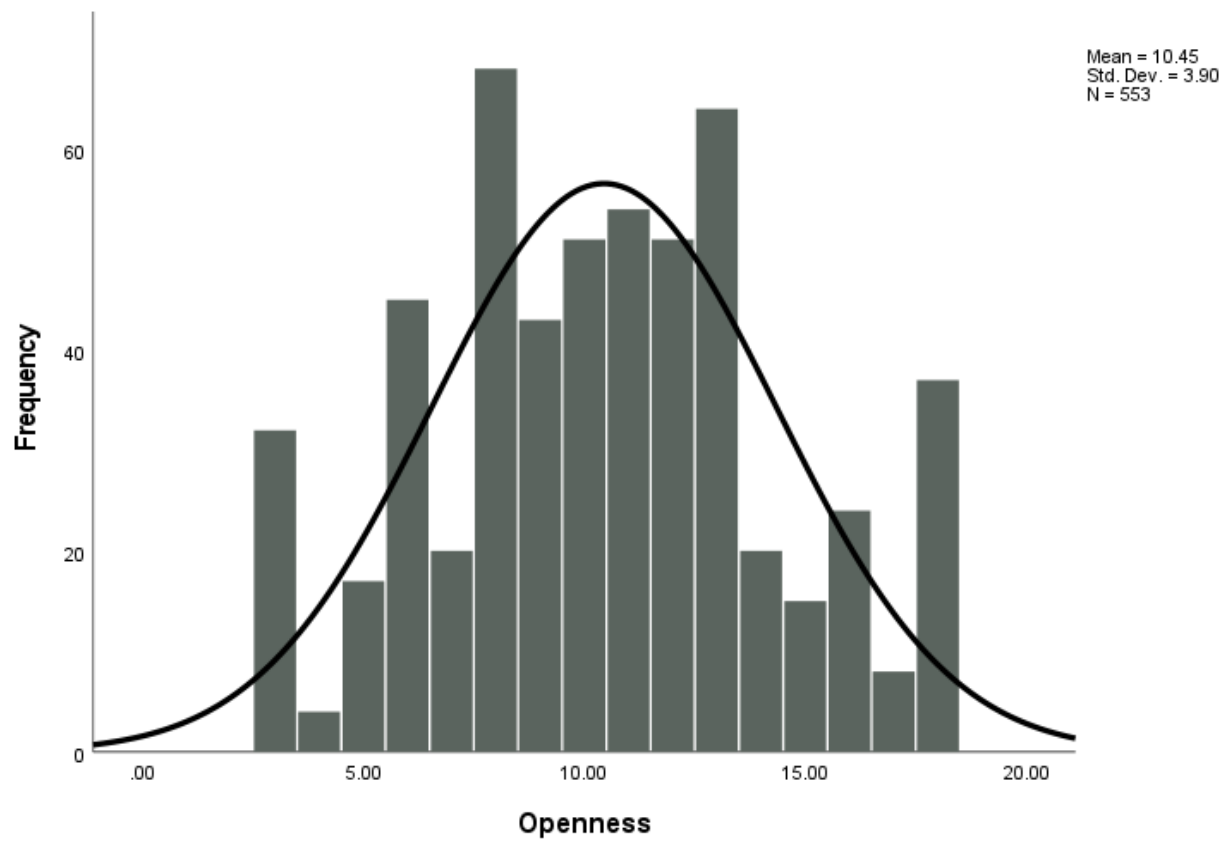
Histogram for Neuroticism

Agreeableness

Conscientiousness