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Do Homeless Veterans Have the Same Needs and Outcomes as Non-Veterans?

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KEYWORDS: Veterans, homelessness, supported housing programs, health services use

RESEARCH HIGHLIGHTS:

- The Department of Veterans Affairs (VA) has created programs to assist homeless veterans; however, many homeless veterans choose to use non-VA community services or do not have access to those provided by the VA. Few studies have focused on veterans in non-VA programs or examined their treatment outcomes within these programs compared to those of non-veterans.
- Veteran and non-veteran participants were compared in a nationally-supported housing initiative for chronically homeless adults. Veterans were not found to be at increased risk for adverse outcomes once admitted to the supported housing program, and had similar clinical outcomes and symptom severity to those of non-veterans.
- After entering the program and obtaining housing, veterans and non-veterans both decreased their use of outpatient and inpatient health services. Only half of veteran participants reported using the VA for medical services and less than one-fifth reported using VA psychiatric or substance abuse services. Veterans often use the services of community providers, therefore the VA should continue to work with community providers to serve homeless veterans.

AUTHORS: Jack Tsai, Ph.D.; Alvin S. Mares, Ph.D.; Robert A. Rosenheck, M.D.

ABSTRACT:

“Although veterans have been found to be at increased risk for homelessness as compared to non-veterans, it is not clear whether those who are homeless have more severe health problems or poorer outcomes in community-based supported housing. This observational study compared 162 chronically homeless veterans to 388 non-veterans enrolled in a national-supported housing initiative over a 1-year period. Results showed that veterans tended to be older, were more likely to be in the Vietnam era age group, to be male, and were more likely to have completed high school than other chronically homeless adults. There were no differences between veterans and non-veterans on housing or clinical status at baseline or at follow-up, but both groups showed significant improvement over time. These findings suggest that the greater risk of homelessness among veterans does not translate into more severe problems or treatment outcomes. Supported housing programs are similarly effective for veterans and non-veterans.”

Implications

FOR PRACTICE

Homeless veterans enrolled in the nationally-supported housing program used more outpatient health services, including mental health care services, than their non-veteran counterparts. This may have been because VA healthcare services were available to them, yet only half of the veteran participants reported making use of VA healthcare services at all. For VA healthcare specific to substance abuse and psychiatric care, less than one-fifth of veteran participants reported making use of these services. Since only half of veterans are making use of VA health services, and even fewer are using VA specialized care services, the remainder of veterans are likely making use of services from community providers. VA administrators should continue to coordinate with community providers in providing services to homeless veterans to ensure that those without access to VA care can still receive necessary healthcare. Apart from homeless veterans' greater use of outpatient mental health services than non-veterans, there were no other significant group differences upon entrance to the housing assistance program, in terms of healthcare use. Both veterans and non-veterans showed a decrease in their use of outpatient mental health, inpatient medical and inpatient mental health services within 12 months of entering the program. Although decreased use of health care services by veterans and non-veterans may be an indicator of progress, it is important that housing assistance and other support programs provide continuous access to psychiatric care for the populations they serve. VA administrators and community service providers focusing on homelessness should also consider partnerships with community health centers and hospitals, especially those providing psychiatric care or focusing on various aspects of mental health, including post-traumatic stress disorder (PTSD) and combat trauma for veterans.

FOR POLICY

The results of this study indicate that supported housing programs can be beneficial for both veterans and non-veterans, and that for veterans, the risk of adverse outcomes upon being admitted to a housing assistance program is no greater than that of homeless civilians. Although previous research has indicated that veterans are at an increased risk for homelessness, mental illness and substance abuse (especially veterans from the Vietnam era) this study showed no significant differences in symptom severity or days of homelessness between veteran and non-veteran participants. In addition, upon entering treatment veterans seemed to benefit from the program and function as well as non-veterans. Policy makers should focus on providing support and maintaining housing assistance programs for veterans; this program and others like it have successfully reduced the clinical needs of homeless veterans, regardless of risk. Policies providing financial assistance and reduced housing costs for veterans are particularly beneficial as well, as they help to prevent homelessness, and therefore support mental and physical health.

FOR FUTURE RESEARCH

Future studies investigating the needs of homeless veterans should aim to collect primary data, as this study was limited by the use of secondary data analysis. Researchers using primary data can examine the proportions of specific types of health services used, including the use of VA, substance abuse and mental health services. Researchers should also use a randomly selected and diverse sample of veterans that is more representative of all homeless veterans, as this study focused only on homeless veterans enrolled in one specific housing initiative. Because this study used self-reporting from participants, there may have been a response bias which can be addressed by using more objective measures in future studies. Finally, researchers should explore how often homeless veterans use non-VA services, and how they decide whether to utilize VA care, non-VA care or both. Veterans in this study utilized outpatient mental health services more often than non-veterans, perhaps because of the availability of mental health care through the VA; however, there may be other reasons for this which can only be determined through further study.

AUTHOR INFORMATION

Jack Tsai, Ph.D.

Department of Veterans Affairs, New
England
Mental Illness Research, Education, and
Clinical Center
Department of Psychiatry,
Yale University
jack.tsai@yale.edu

Alvin S. Mares, Ph.D.

Ohio State University

Robert A. Rosenheck, M.D.

Department of Veterans Affairs, New
England