Homeless Veterans

Description/Etiology
An individual is considered homeless when he or she is unable to secure or maintain safe, adequate housing or lacks a constant, suitable nighttime residence. A veteran is a person who has served in the military, naval, or air service and was not dishonorably discharged. Veterans are disproportionately represented among homeless persons in the United States (Blackstock et al., 2012). Homelessness is linked with “significant unmet health care needs and an increased risk of morbidity and mortality” (Blackstock et al., 2012). Not having the ability to care for themselves and possibly their families can lead to stress, anger, shame, and depression among homeless veterans. They may be dealing with mental and physical health issues, such as post-traumatic stress disorder (PTSD), substance abuse, and pain from injuries, and have little access to health care or support from family and friends.

Family problems, financial stresses, substance abuse, and mental health issues are the main causes of homelessness among veterans. Family problems include a lack of support from family members and strained relationships due to physical or mental health issues. Financial stresses may stem from a lack of affordable housing, limited employment opportunities, low wages, lack of medical insurance, and inadequate welfare benefits. Substance abuse treatment costs are among the highest health care costs for military veterans. Veterans who abuse substances experience more frequent hospitalizations and longer hospital stays (Benda et al., 2001).

When a homeless veteran comes into contact with a social service professional, intervention and treatment are essential for the individual's well being. Effective treatment can include crisis intervention, housing referrals, individual and family therapy, formal and informal support programs, and financial and medical assistance.

Facts and Figures
In the United States, it is estimated that about one third of the adult homeless are veterans. They are predominantly male (only five percent are female), single, and from urban areas. Many have mental health problems, alcohol and/or substance abuse issues, and co-occurring disorders (NCHV, n.d.). The U.S. Department of Veterans Affairs (VA) reported that on a single night in January 2011 there were approximately 67,495 homeless veterans living on the streets, and approximately 150,000 veterans experienced homelessness sometime during the course of a year (VA, 2012). An estimated 56% of homeless veterans are African American or Hispanic, despite accounting for only 12.8% and 15.4% of the U.S. population, respectively. Approximately 46% of homeless veterans are white males, compared to 34% of non-veterans. Forty-six percent of homeless veterans are over the age of 45, compared to 20% of non-veterans. America’s homeless veterans have served in World War II, the Korean War, the cold war, the Vietnam War, Grenada, Panama, Lebanon, Afghanistan, Iraq, and the military's anti-drug-cultivation efforts in South America; nearly half of all homeless veterans served during the Vietnam era (NCHV, n.d.).

Risk Factors
There are several factors to identify when assessing the risk that a veteran will become homeless: poverty, mental health issues (e.g., PTSD, depression), substance abuse, disabilities or other physical ailments, and lack of support from family and friends. Many homeless veterans experience feelings of powerlessness and victimization (“being used” by a government and society that abandoned them) that lead to resentment and anger (Applewhite, 1997).

Additional risk factors for veteran homelessness are limited employment opportunities or unemployment; lack of adequate and affordable housing; and insufficient medical care.

Signs and Symptoms/Clinical Presentation
- Psychological: Homeless veterans may experience PTSD or other mental health disorders; experience delusions, hallucinations, flashbacks, and nightmares; have high levels of anxiety and depression; experience suicidal thoughts or ideations; experience feelings of shame, guilt, and hopelessness; have low self-esteem
- Behavioral: Homeless veterans may abuse substances; act out violently or show signs of anger; engage in criminal acts
- Physical: The general appearance of homeless veterans may be affected as a result of living on the streets; they may have disabilities or injuries as a result of military experience; they may have poor personal hygiene and be malnourished
- Social: Homeless veterans may withdraw from social relationships; have a lack of family or friend support; show signs of isolation; experience victimization and assault; have difficulty expressing emotions

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Social Service Assessment

› Client History
  • Ask about history of military experience and assess for any physical disabilities or limitations as a result of military service
  • Conduct a psychosocial study to include information on any physical, mental, environmental, social, and medical factors as they relate to the client's care
  • Assess client's psychiatric and substance abuse history
  • Assess client's stress management skills and coping mechanisms
  • Obtain permission to ask any known, available family members for any additional relevant information

› Physical Findings of Particular Interest
  • Assess for any illnesses as a result of minimal medical care/health problems
  • Assess for any disabilities the client may have suffered during his or her time in the service

› Laboratory and Diagnostic Tests of Interest to the Social Services Professional
  • There are no laboratory tests specific to the identification of a homeless veteran

Social Service Treatment Summary

When a veteran is identified as being homeless or at risk of being homeless, intervention and treatment is essential for his or her well being. The services a social service professional may provide include referrals for temporary housing; evaluations for mental health and substance abuse treatment; food assistance; outreach programs to assist with job training and continued education; family counseling, if the client's family is involved or supportive; financial assistance; and referrals for medical insurance. In addition, referrals should be made for individual counseling, transportation services, support groups, employment opportunities, and case management services. The client should also be referred for a psychiatric evaluation to determine if pharmacological therapy could be of assistance with underlying problems such as substance abuse or mental health issues. The social service professional should contact local Veterans Administration offices to determine if the client is eligible for medical, social, and psychological services. Breaking the cycle of poverty is crucial to ending homelessness; in addition to providing temporary assistance to clients it is important to link them with services that encourage long-term self-sufficiency.

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<tr>
<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Veteran is at risk of becoming homeless</td>
<td>Assist individual with needed services to prevent homelessness</td>
<td>Provide housing referrals, counseling, and financial support; assess for other needs such as mental health or substance abuse services; refer to local VA services</td>
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<tr>
<td>Veteran is homeless</td>
<td>Provide individual with a safe environment and any additional aid needed</td>
<td>Ensure basic needs are met; refer to outreach programs; refer to individual therapy; conduct mental health/substance abuse evaluation; refer for psychiatric evaluation to determine pharmacological therapy; ensure that medical needs have been met; provide emotional support</td>
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Applicable Laws and Regulations

› The United States Homeless Veterans Comprehensive Assistance Act of 2001. This act provides benefits and services for homeless veterans
› The United States Jobs for Veterans Act of 2002. This act revised and improved employment, training, and placement services furnished to veterans
› Title 38, Chapter 41 and Chapter 42 United States Code. These codes provide job counseling, training, and placement services for veterans

Available Services and Resources

› National Call Center for Homeless Veterans hotline: 1-877-4AID VET. This VA service provides information about local programs and services to prevent homelessness among veterans
› National Coalition for Homeless Veterans, www.nchv.org
› Veterans advocates at VA medical centers

Food for Thought

› In its November 2007 “Vital Mission” report, the National Alliance to End Homelessness estimated that up to half a million veterans have characteristics that place them at risk of homelessness. These veterans need supportive services that are not generally provided by most VA homeless programs (http://b3cdn.net/nach/2e1326cac006e0424c_lkm6hba0t.pdf, retrieved June 2, 2012)
› In 2009 President Obama and the secretary of veterans affairs set a goal to end veteran homelessness by 2015 through the development of programs that provide housing, job training, and health care to veterans who are homeless or at risk of being homeless (VA, 2012)
**Red Flags**

- The main causes of veteran homelessness are poverty, mental health issues, substance abuse, disabilities or other physical ailments, and a lack of support from family and friends.
- Veterans are twice as likely as other Americans to become chronically homeless.
- Homelessness among female veterans is rising. Women veterans are four times more likely to be homeless than non-veteran women (Hamilton et al., 2012).
- Homeless female veterans are more likely than homeless male veterans to be thinking about suicide (48.7% versus 44.4%) and to have attempted suicide in the past five years (36.5% versus 26.7%) (Benda, 2005b).
- According to the United States Interagency Council on Homelessness, 76% of homeless veterans experience substance abuse and/or mental health related issues (Project Foot, n.d.), with the costs for substance abuse treatment among the highest healthcare costs for military veterans.
- Homelessness is linked with high rates of hospitalization and age-adjusted mortality.

**Discharge Planning**

- Provide client with necessary resources, including housing and food referrals, to ensure that basic needs are met.
- Emphasize importance of attending treatment programs, support group meetings, and individual therapy previously agreed upon.
- Encourage client to maintain strict adherence to prescribed medication schedule (if needed) and to notify psychiatrist of any adverse side effects.
- Inform involved family members of the need to communicate any pertinent information to identified professional involved with the client.

**References**