



CORRELATES OF VETERAN STATUS AND IMPACT OF AT HOME/CHEZ SOI ON HOMELESS VETERANS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

One Page Summary

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Study 1: Correlates of Veteran Status

Objective. The goal of the first study was to identify correlates of Veteran status in a multi-site study of people who are homeless and living with severe and persistent mental health challenges.

Methods. This study used data from At Home/Chez Soi, a randomized controlled trial conducted in five cities in Canada: Vancouver, Winnipeg, Toronto, Montréal, and Moncton. Participants were eligible if they met the following criteria: legal adult, either absolutely homeless or precariously housed, and serious mental disorder with or without a co-existing substance use disorder. In this first study, we use only the baseline data collected at enrollment. Out of a total of 2,298 participants, 99 (4.3 per cent) identified themselves as Veterans.

A matched sample of 297 other Canadians was drawn out of the 2,182 participants who had never served in the military. Each Veteran was matched with three participants based on study site, gender, and age. Veterans in the sample had higher levels of education than their counterparts without military service.

The variables considered include housing status; physical health; mental health; alcohol and substance use; social functioning; cognitive functioning; employment status; health, social, and justice service use; and victimisation.

Results. Participants who had been victims of robbery in the six months preceding the study were 2.56 times as likely to be Veterans as non-Veterans. However, the two groups appear to be quite similar on most selected variables. Veterans do not appear to be overrepresented in this sample of people who are homeless and living with mental health challenges.

Study 2: Effect of At Home/Chez Soi in a Population of Veterans

Objective. The second study analyses the effects of the Housing First intervention on mental health and social adjustment, service use, and housing outcomes for self-identified Veterans.

Methods. This study also used data from At Home/Chez Soi. Data was collected at baseline and at the six, 12, 18, and 21/24 month follow-up time points. Veterans randomly assigned to receive the intervention (n = 57) were compared with those assigned to usual services (TAU) (n = 41). Participants were 78.6 per cent male. They were located in Moncton (10.2 per cent), Montréal (13.3 per cent), Toronto (22.4 per



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cent), Winnipeg (26.5 per cent), and Vancouver (27.6 per cent). On average, participants were almost 45 years old.

The variables considered include quality of life; housing status; physical health; mental health; alcohol and substance use; social functioning; health, social, and justice service use; and victimisation.

Results. The intervention shows a positive effect on the following variables: community integration (psychological), quality of living situation, and housing stability. No significant effect was observed on health and justice service use and victimization.



Three Page Summary

Study 1: Correlates of Veteran Status

Objective. The goal of the first study was to identify correlates of Veteran status in a multi-site study of people who are homeless and living with severe and persistent mental health challenges.

Methods. This study used data from At Home/Chez Soi, a randomized controlled trial conducted in five cities in Canada: Vancouver, Winnipeg, Toronto, Montréal, and Moncton. The purpose of At Home/Chez Soi was to determine the effectiveness of Housing First (HF), a complex housing and support intervention for people who have a mental illness and are homeless.

Participants were recruited from community agencies that serve people who are homeless. Trained research assistants completed a screening questionnaire to determine eligibility. Participants were eligible if they met the following criteria: legal adult, either absolutely homeless or precariously housed;¹ and serious mental disorder with or without a co-existing substance use disorder, as determined by the Mini International Neuropsychiatric Interview.² Participants were excluded if they met one or more of the following criteria: currently a client of an Assertive Community Treatment (ACT) or Intensive Case Management (ICM) program; no legal status as a Canadian citizen, landed immigrant, refugee, or refugee claimant.

A total of 2,298 participants were enrolled in the study from October 2009 to August 2011 (1,289 HF, 1,009 treatment as usual [TAU]). Demographic information was collected at baseline, and included Veteran status; physical and mental health; past and current addictions; social integration; functioning; quality of life; current and previous employment; health, social, and justice services use; and victimization. Participants were followed for 21 or 24 months, and data were collected every three months.

In this first study, we use only the baseline data collected at enrollment in order to identify correlates of Veteran status in a population of individuals who are homeless and living with severe and persistent mental illness. It is, therefore, a correlational analysis.

The item used to identify Veterans was the following: “Have you ever had any wartime service in the military forces of Canada or its allies?” Out of a total of 2,298 participants, 99 (4.3 per cent) identified themselves as Veterans.

A matched sample of 297 other Canadians was drawn out of the 2,182 participants who had never served in the military. Each Veteran was matched with three participants based on study site, gender, and age (\pm

¹ Goering, P. N., Streiner, D. L., Adair, C., Aubry, T., Barker, J., Distasio, J., Hwang, S. W., Komaroff, J., Latimer, E., Somers, J., & Zabkiewicz, D. M. (2011). The At Home/Chez Soi trial protocol: A pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities. *BMJ Open*, 1 (2) e000323, doi:10.1136/bmjopen-2011-000323.

² Sheehan, D.V., Lecrubier, Y., Harnett-Sheehan, K., Amorim, P., Janavs, J., Weiller, E., Hergueta, T., Baker, R., & Dunbar, G. (1998). The Mini International Neuropsychiatric Interview (M.I.N.I.): The Development and Validation of a Structured Diagnostic Psychiatric Interview. *Journal of Clinical Psychiatry*, 59 (suppl. 20), 22-33.



three years). The total sample used for data analysis included 99 Veterans and 297 other Canadians. Veterans in the sample had higher levels of education than their counterparts without military service.

All data used in this study come from the screening and baseline interviews conducted with each participant prior to entry into the study and randomization. The variables considered include housing status; physical health; mental health; alcohol and substance use; social functioning; cognitive functioning; employment status; health, social, and justice service use; and victimisation.

Results. Participants who had been victims of robbery in the six months preceding the study (34 per cent) were 2.56 times as likely to be Veterans as non-Veterans. However, the two groups appear to be quite similar on most selected variables. Veterans do not appear to be overrepresented in this sample of people who are homeless and living with mental health challenges.

Discussion. This study's goal was to identify correlates of Veteran status in a sample of Canadians who are homeless and living with severe and persistent mental illness. Although there are a few differences between Veterans and other Canadians in our sample, there are more similarities.

Veterans represented only 4.3 per cent of At Home/Chez Soi's total sample. Contrary to results obtained by Ray and Forchuk,³ we did not observe any considerable difference between groups regarding alcohol and substance use. The prevalence of other disorders was also roughly the same in both groups.

These results suggest that since the two groups are mostly similar, interventions that have proven successful with civilian homeless populations with severe and persistent mental illness are also likely to be effective with a Veteran population.

Study 2: Effect of At Home/Chez Soi in a Population of Veterans

Objective. The second study analyses the effects of the Housing First intervention on mental health and social adjustment, service use, and housing outcomes for self-identified Veterans.

Methods. This second study also used data from At Home/Chez Soi's five sites. Recruitment procedures were the same as those described in the first study. Veterans randomly assigned to receive the intervention (n = 57) were compared with those assigned to usual services (TAU) (n = 41). It is, therefore, a randomised, controlled trial. Veterans were identified using the same item as presented in study 1.

The total sample used for data analysis included 98 Veterans. Participants were 78.6 per cent male. They were located in Moncton (10.2 per cent), Montréal (13.3 per cent), Toronto (22.4 per cent), Winnipeg (26.5 per cent), and Vancouver (27.6 per cent). On average, participants were almost 45 years old.

Data used in this study come from the screening and baseline interviews conducted with each participant prior to entry into the study and randomization, as well as follow-up interviews conducted six, 12, 18, and 21 or 24 months after enrollment. The variables considered include quality of life; housing status; physical

³ Ray, S.L. & Forchuk, C. (2011). *The experience of homelessness among Canadian forces and allied forces veterans*. University of Western Ontario. Retrieved on September 18, 2013 from [http://homeless.samhsa.gov/ResourceFiles/Homelessness%20Vets%20 Article.pdf](http://homeless.samhsa.gov/ResourceFiles/Homelessness%20Vets%20Article.pdf).



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health; mental health; alcohol and substance use; social functioning; health, social, and justice service use; and victimisation.

Results. The intervention shows a positive effect on the following variables: community integration (psychological), quality of living situation, and housing stability. No significant effect was observed on health and justice service use and victimization.

Discussion. This second study's goal was to examine the effect of a Housing First intervention with support from a multidisciplinary team on various health and social integration, housing, and service use outcomes in a sample of Veterans who are homeless and living with severe and persistent mental illness.

Results show that the intervention provides some benefits compared to treatment as usual, the most salient being increased time in stable housing, which is consistent with results observed in American studies.⁴

Conclusion

With these two studies, we were able to observe that the Veterans in the homeless population who are living with severe and persistent mental illness do not differ much from other Canadians who are homeless. We also observed that a Housing First approach paired with an ACT or ICM model of care looked promising, particularly regarding housing outcomes. We therefore conclude that the intervention tested through At Home/Chez Soi could help end homelessness in Veteran populations and would also have other benefits regarding quality of life.

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⁴ McMurray-Avila, M. (2001). *Homeless Veterans and Health Care: A Resource Guide for Providers*. Nashville, TN: National Health Care for the Homeless Council.