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Research Paper

Homelessness following disability-related discharges from active duty military service in Afghanistan and Iraq

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ABSTRACT

Background: Many dynamics in the relationship among military service-related disabilities, health care benefits, mental health disorders, and post-deployment homelessness among US Veterans are not well understood.

Objectives: Determine whether Veterans with a disability-related discharge from military service are at higher risk for homelessness, whether Veterans Health Administration (VHA) service-connected disability benefits mitigates that risk, and whether risks associated with discharge type, service-connected disability, or the interaction between them vary as a function of mental health disorders.

Methods: Retrospective cohort study of 364,997 Veterans with a disability-related or routine discharge and initial VHA encounter between 2005 and 2013. Logistic regression and survival analyses were used to estimate homelessness risk as a function of discharge status, mental health disorders, and receipt of VHA disability benefits.

Results: Disability-discharged Veterans had higher rates of homelessness compared to routine discharges (15.1 verses 9.1 per 1000 person-years at risk). At the time of the first VHA encounter, mental health disorders were associated with differentially greater risk for homelessness among Veterans with a disability discharge relative to those with a routine discharge. During the first year of VHA service usage, higher levels of disability benefits were protective against homelessness among routinely-discharged Veterans, but not among disability-discharged Veterans. By 5-years, disability discharge was a risk factor for homelessness (AOR = 1.30).

Conclusions: In the long-term, disability discharge is an independent risk factor for homelessness. While VHA disability benefits help mitigate homelessness risk among routinely-discharged Veterans during the early reintegration period, they may not offer sufficient protection for disability-discharged Veterans.

The recent wars in Afghanistan (Operation Enduring Freedom) and in Iraq (Operations Iraqi Freedom and New Dawn) (OEF/OIF) have collectively been referred to as the “wars of disabilities”, as many military service members have returned with serious physical injuries, including amputations, burns, and traumatic brain injuries,[1] as well as disabling psychiatric conditions such as PTSD.[2,3] Physical injuries or mental or behavioral conditions that render a service member unable to return to full duty are termed “unfitting conditions” by the Department of Defense,[4] which issues a disability discharge, also known as a medical discharge, in such cases. Nearly 10% of the more than two million military service

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members deployed as part of these conflicts have been discharged from service due to disabilities.[5] Many of these have been subsequently approved, as Veterans, for a service-connected disability rating through the US Department of Veterans Affairs (VA).[6]

Many dynamics included in the relationship among disabilities, VA health care benefits, mental health disorders, and homelessness among Veterans remain poorly understood. Coping with disabilities is one of many potential challenges OEF/OIF Veterans face when transitioning back into civilian life.[7,8] When exacerbated by further social, economic, or health-related factors, such challenges can increase vulnerability for extreme outcomes such as homelessness.[9] Evidence indicates that disability, especially when it involves behavioral health, increases the risk for homelessness among OEF/OIF Veterans,[10,11] as it does for Veterans more generally.[12,13] Veterans (compared to non-Veterans) are at higher risk for homelessness[14–16] and Veterans who are homeless have higher rates of disability than their non-Veteran counterparts.[17]

Service-connected disability benefits are designed to mitigate such risks, but little research has examined the protective effect of these benefits specifically among Veterans who were discharged due to disability. The VA determines service-connected disability ratings based on pre-set levels or percentage of benefit coverage to which Veterans are entitled due to having particular disabling conditions related to their military service. The VA Office of the Inspector General reported that 51–62% of homeless Veterans received compensation for service-connected disabilities, compared to 35–40% of non-homeless Veterans.[18] This same study also noted that 46–59% of homeless Veterans were receiving disability payments before the first episode of homelessness, suggesting that disability may be a risk factor for homelessness even when Veterans were receiving financial compensation and other supports for their disability.[18] Blackstock and colleagues also reported elevated risk for homelessness among Veterans with 30–100% service-connected disability, as compared to Veterans with no service-connected disability.[19] However, Edens and colleagues, in an analysis of Veterans who received VA mental health services, reported findings contrary to those above, indicating that, compared to Veterans with no service-connected disability, risk for homelessness was 66% lower among Veterans with service-connected disability rated at 50–100%, and 45% lower among Veterans with service-connected disability rated lower than 50%.[20] Since level of service-connected disability tends to increase over time, discrepant findings regarding its effect on homelessness may be attributable to differences in measurement timing.

Several countervailing dynamics are potentially at work here. First, evidence suggests that disability is associated with increased risk for homelessness. Second, the benefits that are tied to receiving a VA disability rating may mitigate risk associated with disability to the extent that having a disability rating may even be a protective factor against experiencing homelessness. The most obvious mechanism for disability benefits taking on this role would be from the monetary income that is associated with a disability rating, as this would provide the Veteran with the economic means to maintain stable housing and rehabilitative services. In these respects, acquiring a VA disability rating could be a significant determining factor as to whether Veterans reenter civilian life with more fully established supports. This may be of particular importance for Veterans discharged due to disability. Finally, as mental health disorders are related to disability status, level of service-connected disability, and homelessness, their role in these dynamics is an important consideration.

Thus, research that accounts for the time-dependent nature of service-connected disability benefits can more precisely examine the dynamics between disability discharge, disability rating, and mental health disorders on risk for post-deployment homelessness. Accordingly, we hypothesize that those with a disability discharge would be at higher risk in the long run due to difficulties transitioning successfully into civilian life, and that mental health disorders would heighten risk, particularly among disability-discharged Veterans. Additionally, we hypothesize that increased levels of service-connected disability benefits would moderate the relationship between disability discharge and homelessness, with lower risk for homelessness among those with a higher degree of service-connected disability benefits. Therefore, the purpose of this study was to assess the extent to which 1) a disability discharge impacts the post-deployment risk for experiencing homelessness among OEF/OIF Veterans as compared to those with a routine or normal discharge from the military; 2) whether subsequently receiving a service-connected disability benefit rating mitigates this risk; and 3) whether the risks associated with discharge type, service-connected disability, or the interaction between them vary as a function of mental health disorders. A better understanding of the associations among these factors will provide actionable knowledge and inform targeted homelessness prevention efforts.

Methods

We employed a retrospective cohort design using 10 years of administrative data from the Veterans Health Administration (VHA). This study was reviewed and approved by the Research and Development Committee of the VA Salt Lake City Health Care System, and the Institutional Review Board (IRB) of the University of Utah School of Medicine.

Sample

Records for active duty Veterans who were discharged from the military following service in OEF/OIF deployments as of December 2011 and who had an initial VHA encounter between fiscal years (FY) 2005 and 2013 were obtained from an official OEF/OIF roster file. The roster file contained several demographic and military service characteristic variables, including age, sex, marital status, race/ethnicity, education, type of discharge from the military, branch of service, and rank. Records from the roster file from active duty Veterans with either a “routine” or “disability” discharge from the military were retained and matched to a nationwide VHA clinical database. VHA clinical data encompassed all encounters with VA medical facilities between FY 2005 and 2013. Clinical data included administrative evidence of homelessness, level of VHA service-connectedness at each encounter, and clinical diagnoses. VHA records were included for Veterans from the roster file who had at least one visit at a VHA facility following their last deployment. Administrative follow-up began on the date of first VHA encounter and ended at the close of FY 2013 or after 5 years of follow-up. Death records were obtained from the VHA Vital Status file for each Veteran and similarly matched to the working data file using a scrambled social security number.

Homelessness designation

Homelessness was identified using administrative indicators consistent with previous VHA research,[8,21] including a primary ICD-9-CM code of V60.0 (lack of housing) or clinic stop codes indicating receipt of a specific service for homeless Veterans in VHA medical facilities at any time during the follow-up period including: 522 (Department of Housing and Urban Development VA Shared Housing (HUD-VASH), 528 (Telephone/Homeless Mentally Ill (HMI), 530 (Telephone/HUD-VASH), and 590 (Community outreach to homeless Veterans by staff). While