1- Housing Instability and Mental Distress among US Veterans

ABSTRACT

Evidence has suggested increased risk for homelessness and suicide among US veterans, but little is known about the associations between housing instability and psychological distress (including suicidal ideation). We examined frequent mental distress (FMD) and suicidal ideation among a probability-based sample of 1767 Nebraska veterans who participated in the 2010 Behavioral Risk Factor Surveillance Survey who had and had not experienced housing instability in the past 12 months. Veterans experiencing housing instability had increased odds of FMD and suicidal ideation.

2- Homelessness and Money Mismanagement in Iraq and Afghanistan Veterans

ABSTRACT

Objectives. We examined the empirical link between money mismanagement and subsequent homelessness among veterans.

Methods. We used a random sample of Iraq and Afghanistan War era veterans from the National Post-Deployment Adjustment Survey in 2009–2011.

Results. Veterans were randomly selected from a roster of all US military service members in Operation Iraqi Freedom or Operation Enduring Freedom who were separated from active duty or in the Reserves/National Guard. Veterans (n = 1090) from 50 states and all military branches completed 2 waves of data collection 1 year apart (79% retention rate). Thirty percent reported money mismanagement (e.g., bouncing or forging a check, going over one’s credit limit, falling victim to a money scam in the past year).
Multivariate analysis revealed money mismanagement (odds ratio [OR] = 4.09, 95% CI = 1.87, 8.94) was associated with homelessness in the next year, as were arrest history (OR = 2.65, 95% CI = 1.33, 5.29), mental health diagnosis (OR = 2.59, 95% CI = 1.26, 5.33), and income (OR = 0.30, 95% CI = 0.13, 0.71).

**Conclusions.** Money mismanagement, reported by a substantial number of veterans, was related to a higher rate of subsequent homelessness. The findings have implications for policymakers and clinicians, suggesting that financial education programs offered by the US Departments of Defense and Veterans Affairs may be targeted to effectively address veteran homelessness.

### 3-Risk Factors for Becoming Homeless Among a Cohort of Veterans Who Served in the Era of the Iraq and Afghanistan Conflicts

**Objectives.** In this population-based cohort study, we assessed baseline risk factors for homelessness, including the role of service in the Iraq or Afghanistan conflicts, among a large cohort of recent veterans.

**Methods.** Data for this study came from administrative records for 310,685 veterans who separated from active military duty from July 1, 2005, to September 30, 2006. We used survival analysis methods to determine incidence rates and risk factors for homelessness, based on baseline data for military factors, demographic characteristics, and diagnoses of behavioral health disorders and traumatic brain injury.

**Results.** Service in Iraq or Afghanistan and, more specifically, posttraumatic stress disorder among veterans deployed there, were significant risk factors of modest magnitude for homelessness, and socioeconomic and behavioral health factors provided stronger indicators of risk. Gender was not a significant indicator of differential risk.

**Conclusions.** Although service in Iraq and Afghanistan was significant, socioeconomic and behavioral health indicators show more promise in efforts to use administrative data to inform prevention efforts by identifying veterans who are at elevated risk for becoming homeless upon their return to civilian life.

### 4-Relationship Among Adverse Childhood Experiences, History of Active Military Service, and Adult Outcomes: Homelessness, Mental Health, and Physical Health
ABSTRACT

Objectives. We determined whether a report of adverse childhood experiences predicts adult outcomes related to homelessness, mental health, and physical health and whether participation in active military service influences the relationship between childhood and adult adversity.

Methods. Using data from the 2010 Washington State Behavioral Risk Factor Surveillance System, we tested by means of logistic regression the relationship between adverse childhood experiences and 3 adult outcomes—homelessness, mental health, and physical health—as well as differences among those with a history of active military service.

Results. Adverse childhood experiences separately predicted increased odds of experiencing homelessness as an adult and mental health and physical health problems. Childhood adversity increased the likelihood of adult homelessness and poor physical health among individuals with no history of active military service and the likelihood of mental health problems among individuals with a history of active military service.

Conclusions. The relationship between childhood adversity and adult adversity changes in degree when history of active military service is controlled, which has implications for Armed Forces recruitment strategies and postmilitary service risk assessment.

5- Relationship Between Adverse Childhood Experiences and Homelessness and the Impact of Axis I and II Disorders

ABSTRACT

Objectives. We investigated the links between homelessness associated with serious mental and physical healthy disparities and adverse childhood experiences (ACEs) in nationally representative data, with Axis I and II disorders as potential mediators.

Methods. We examined data from the National Epidemiologic Survey of Alcohol and Related Conditions in 2001–2002 and 2004–2005, and included 34,653 participants representative of the noninstitutionalized US population who were 20 years old or older. We studied the variables related to 4 classes
of Axis I disorders, all 10 Axis II personality disorders, a wide range of ACEs, and a lifetime history of homelessness.

Results. Analyses revealed high prevalences of each ACE in individuals experiencing lifetime homelessness (17%–60%). A mediation model with Axis I and II disorders determined that childhood adversities were significantly related to homelessness through direct effects (adjusted odd ratios = 2.04, 4.24) and indirect effects, indicating partial mediation. Population attributable fractions were also reported.

Conclusions. Although Axis I and II disorders partially mediated the relationship between ACEs and homelessness, a strong direct association remained. This novel finding has implications for interventions and policy. Additional research is needed to understand relevant causal pathways.

6- High Utilizers of Emergency Health Services in a Population-Based Cohort of Homeless Adults

ABSTRACT

Objectives. We identified predictors of emergency department (ED) use among a population-based prospective cohort of homeless adults in Toronto, Ontario.

Methods. We assessed ED visit rates using administrative data from the Institute for Clinical Evaluative Sciences (2005–2009). We then used logistic regression to identify predictors of ED use. Frequent users were defined as participants with rates in the top decile (≥ 4.7 visits per person-year).

Results. Among 1165 homeless adults, 892 (77%) had at least 1 ED visit during the study. The average rate of ED visits was 2.0 visits per person-year, whereas frequent users averaged 12.1 visits per person-year. Frequent users accounted for 10% of the sample but contributed more than 60% of visits. Predictors of frequent use in adjusted analyses included birth in Canada, higher monthly income, lower health status, perceived unmet mental health needs, and perceived external health locus of control from powerful others; being accompanied by a partner or dependent children had a protective effect on frequent use.

Conclusions. Among homeless adults with universal health insurance, a small subgroup accounted for the majority of visits to emergency services. Frequent use was driven by multiple predisposing, enabling, and need factors.