

FEMALE VETERANS, TRAUMA, AND VETERANS ADMINISTRATION

Summary of Report Assessing the Needs of Female Veterans

Introduction – In 2017, New York Community Trust provided funding to HousingPlus for an in-house trauma therapist to work with female tenants living in HousingPlus’ veterans housing, and sought to ascertain if these individuals could be equally well served by external community mental health services. It seemed reasonable to assume that HousingPlus tenants, who were veterans, might utilize Veterans Administration (VA) resources for mental health. This one-year project was intended to test the feasibility of helping women engage with HousingPlus trauma services, then transition to the appropriate community services. The researcher also explored barriers to transition. Following are excerpts of an evaluation report written by Sylvia Ridlen, Ph.D. who conducted this project, including methodology, quotes from participating women, relevant statistics, and concluding with Dr. Ridlen’s recommendations to HousingPlus.

Methods – Forty-nine (49) female veterans who resided in HousingPlus during the project period completed an assessment interview with the HousingPlus trauma therapist. This semi-structured interview sought information on their military discharge; VA benefits; their experiences in using VA health and mental health services and obstacles to utilization; and their utilization of community health and mental health services, including HousingPlus’ trauma therapist. Women were encouraged to transition to community or VA services when the trauma therapist and resident agreed. Women were also asked to complete a written survey as part of the interview process, featuring questions about their past experiences with mental health providers. Twelve (12) non-veteran homeless women who entered HousingPlus during the same period also completed the assessment interview. All women (veterans and nonveterans alike) received information about mental health resources available to them.

Summary of Results – *Demographics and use of benefits by veterans and non-veterans*

Veterans

- 75.6% of veterans lived as single person households.
- 38.8% employed; 26.5% in school or training.
- 45% enrolled in Medicaid; 24.5% receiving Public Assistance.
- 65.3% using VA for physical (medical) care; 38.8% using VA for mental health care.
- 30.6% were seeing the HousingPlus trauma therapist regularly; 69.4% as needed.
- 57% were using community mental health care and 43.9% were transitioning this care.

Non-Veterans

- 100% of non-veterans lived as single person households.
- 33.3% employed; 8.3% in school or training.
- 83.3% enrolled in Medicaid; 41.7% receiving Public Assistance.
- 75% were seeing the HousingPlus trauma therapist regularly; 25% as needed.
- 66.7% were using community mental health care.
- 33.3% were transitioning to community mental health care.

Barriers to Use of VA Services – Seventeen (17) veterans completed a paper and pencil survey designed by the trauma specialist titled “Identifying Barriers in Getting Connected To/Availing Services from VA.” This survey probed for veterans’ barriers or objections to receiving VA health or mental health care.

Of those who responded, two (11.8%) had less than honorable discharges and were presumably ineligible for VA medical care. Eight (47%) indicated that they were currently connected with the VA. Three fourths of those affiliated with VA received medical care, 37.5% received counseling, one fourth received physical rehabilitation, and one fourth received medical management for PTSD.

The survey first asked questions about veterans' experience of seeking and beginning services with the VA. The veterans appeared to lack specific information – like contact information – but there was general awareness of the fact that VA provides services to veterans. Respondents were evenly split on the difficulty of accessing services: half thought the site was not physically accessible to those with mobility issues, and half had problems providing the required documents. There was unanimity that staff treated them well, and that the general atmosphere was comfortable and supportive.

Respondents were asked “Did you find everything that you needed at VA?” Over half the responses to this question were “no.” Respondents were also asked “Will you return to the VA for support services? Responses to this question showed a clear preference for VA medical care and support groups, but a preference for community services for mental health treatment. *Sample of Women's Responses:*

- “I enjoy visiting my VA therapist and psychiatrist. Before the program (HousingPlus), I hadn't visited the VA since I was discharged in 1993. I appreciate the assistance.”
- “Having someone to call and talk with is a great supportive feeling.”
- “I would return to the VA for my disability – they understand. But I also need outside support for my mental issues.”
- “I was judged for my need for PTSD care. It made me feel bad about myself. I would never go back to VA for mental issues.”
- “They try their best with what they have. Often they are understaffed, overworked and overwhelmed by the number of vets they have to treat.”

Discussion – Non-Veterans were about four times more likely than veterans to receive benefits like public assistance cash payments or food stamps. Unfortunately, VA disability payments disqualify many veterans from eligibility for welfare cash payments, which were designed to serve only the poorest of the poor.

Although nearly 40% of veterans used the VA for mental health care, it appeared that medication was the primary treatment, with PTSD support groups available to some. However the lack of individual psychotherapy was a source of dissatisfaction for several, who relied on HousingPlus and other community providers for that service.

It is common for women to prefer individual over group behavioral health care. One can imagine that that preference might be even stronger in a male-dominated culture like the VA where women's trauma is too often based on gender bias. In addition, the trauma therapist described

several real life barriers to community transitions – things like lack of child care and transportation expenses. In addition, some veterans expressed concern about confidentiality; they believed that mental health records were available to supervising officers in the military – and this remained a concern despite their severance from service.

Recommendations

- Significant stigma remains about the use of mental health service. HousingPlus should continue to make every effort to remove barriers to access for a population known to have very high rates of depression, PTSD, and other mental illnesses.
- Having a trauma therapist or other mental health expertise on staff seems essential for a client population who have long histories of trauma or struggles to function.
- Most people who do engage in mental health treatment do not like to change therapists once they have established a relationships. Furthermore, given the time it takes to engage people in the process, it is inefficient to repeat that more often than necessary.
- However, once women and their children have stabilized in their housing and finances, have addressed benefits, employment or education needs, and health problems, it may be logical to work toward transitioning ongoing, post-crisis mental health care to community providers for at least some women.
- When judged feasible, it should be expected that transitions to community health care will be a slow process. Engagement is very slow for people whose life experiences have given them little reason to trust others. It often, takes many months or even years to overcome stigma and fear in this population.
- A certain tension would exist between HousingPlus' mission and philosophy, with a policy that requires referrals out for a service that has been provided on-site. Financially, such a policy would make sense – it is not a mandated service, it requires private fundraising, and it can be duplicative to community services. Yet, it must be seen as supportive to staff who must deal with emotional and behavioral volatility daily.

To obtain a copy of the report in its entirety, including additional statistics and references, please contact development@housingplusnyc.org.