





Introduction

United States military veterans as a population face significant mental health challenges – and a substantially higher rate of suicide than non-veterans. Researchers and policymakers are heightening their attention to this problem, but the challenge remains complex, especially when veterans' mental health issues are compounded by homelessness.



BEYOND THE PHYSICAL WOUNDS

Americans have long recognized scars, burn marks or prosthetic limbs as reminders of combat veterans' sacrifice. But policymakers and society are also learning to recognize that the stress and terrors soldiers endure on the battlefield leave psychological wounds as well. Combat experiences can make veterans more susceptible to mental illness, suicide and self-destructive behaviors such as substance abuse. The psychological toll of battle becomes more apparent every day, as our armed forces continue to fight the longest war in American history.

For example, 30 percent of active duty and reserve military personnel who have been deployed to Iraq or Afghanistan have a mental health condition that requires treatment, according to the National Council for Behavioral Health. That's roughly 730,000 men and women, many of them dealing with major depression or post-traumatic stress (PTS). The Veterans Administration has seen disability cases related to PTS spike in recent

years, rising from 345,000 cases in 2008 to 940,000 in 2017.²

Providing treatment for these veterans remains a challenge. Only about half of returning veterans receive any kind of mental health treatment. Meanwhile, an average of 22 U.S. veterans die by suicide every day.³

Policymakers and veteran support groups have made strides in addressing mental health issues. A 2017 presidential executive order bolstered mental health resources for veterans transitioning from active duty to civilian life, a critical period when they are at high risk for suicide. Likewise, the VA has increased spending on suicide prevention. The FY2019 VA budget for suicide prevention tops \$47 million, with \$20 million earmarked for outreach.⁴

But these efforts have not yet closed the gap between available mental health services and an especially vulnerable subset of America's veterans: those who are homeless.

HOMELESS VETERANS

On any given night, more than 40,000 U.S. military veterans are homeless – sleeping in cars, on park benches, in motel rooms or in temporary tent communities. Homeless veterans come from every period of service, with about half of them having served during the Vietnam era.⁵ These men and women often suffer from mental illness, alcohol or substance abuse, or other co-occurring disorders.⁶

Like anyone living on the street, these veterans must navigate obstacles such as the lack of affordable housing and finding living-wage employment, often while also dealing with the mental health impact of their military service. Some camp in rural areas, preferring to think of themselves as nomadic instead of homeless, often wary of densely populated places because of distressing service-related experiences. But most live in cities. In Los Angeles alone, the Los Angeles Homeless Services Authority counted 3,874 veterans living on the street or in cars, tents and shelters in January 2019.

A significant challenge for homeless veterans can be PTS, a delayed reaction to service-related trauma or stress that can result in distressing, disabling and persistent mental health consequences. And dealing with PTS or other mental health issues is very commonly worsened by substance abuse.

More than one in 10 homeless people in America have served in the military,⁹ and the VA estimates that up to 80 percent of homeless veterans suffer mental health or substance abuse disorders.¹⁰ Research has found that 30 percent of veteran suicides were preceded by alcohol or drug use.

The plight of homeless veterans with PTS hinges on a sad irony: the homelessness brought on by their mental illness also becomes the greatest impediment to recovery. After all, connecting veterans with appropriate services could not only improve individual veterans' mental health but also contribute to reducing overall rates of homelessness. Yet the tenuous nature of these veterans' living circumstances and lack of access to communication devices make it extremely difficult for the VA to locate and stay in touch with homeless veterans who need their services.



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THE PROMISE OF TECHNOLOGY & TREATMENT

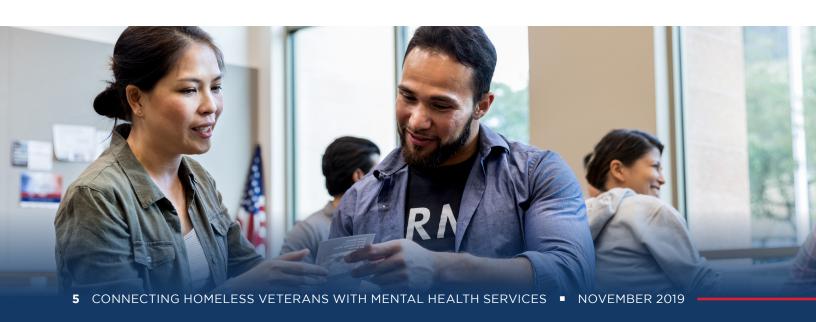
Though mental illness and homelessness have been consistent challenges for U.S. veterans, potential solutions make increasing use of innovation and technology.

Consider, for instance, innovative hightech PTS treatment through a program known as StrongMind. It's a virtual reality enhancement of exposure therapy developed at the University of Southern California with financial support from the U.S. Army Research Laboratory. Virtual reality-supported PTS therapy sessions have proven remarkably effective. One large-scale trial found that only two percent of veterans dropped out of therapy incorporating virtual reality devices and, at the conclusion of their treatment, almost two-thirds of those patients no longer met the diagnostic criteria for PTS.¹¹

Meanwhile, the VA uses telemedicine to allow mental health providers to talk with, evaluate and provide treatment for veterans at small, community-based VA clinics through a special closed-circuit television system. This makes confidential, face-to-face mental health services available even in rural areas that are far from a VA medical center.¹²

Granted, homeless veterans must have access to hardware and the internet to be able to use VA telemedicine services, as well as to acquire job-training and job-search capabilities to improve their lives. One Virginia-based non-profit group called Tech for Troops works with technology companies and donors to provide veterans in need with free, refurbished laptops and computer training.¹³

Programs like these are important. But the majority of homeless veterans, arguably those who could most benefit from VA mental health services, have severely limited access to the very VA facilities and treatments that could enable them to overcome mental health and addiction issues.



A COMMITMENT TO HELP

Policymakers are increasing their attention to the problems of veterans' homelessness and mental health.

The VA now targets homeless veterans with special assistance programs, including a collaborative effort with HUD that provides homeless veterans and their families with housing vouchers and supportive services. They also give grants and per diem payments to state, local, and tribal governments and non-profits that enable them to develop and operate transitional housing and/or service centers for homeless veterans. The VA Domiciliary Care for Homeless Veterans program provides residential care for sheltered and unsheltered veterans with multiple challenges, illnesses or rehabilitative care needs.¹⁴

New initiatives from the Trump administration are likewise encouraging:

- In September 2018, President Donald Trump signed legislation that secured a record \$73.1 billion in funding for VA medical care, which included \$8.6 billion for mental health services and \$206 million for suicide prevention outreach.¹⁵
- The president also issued an executive order titled "National Initiative to Empower Veterans and End Veterans Suicide" directing the VA to co-chair a task force of Cabinet-level department heads and federal agency representatives to find a "holistic, public health approach to suicide prevention and engagement with veterans"

local communities." The task force will develop a national public health roadmap outlining strategies to increase community engagement to lower the rate of veteran suicide and will propose to Congress a program for making grants to local communities to increase their ability to serve homeless veterans.¹⁶



• A previous executive order, signed by President Trump in 2018, "Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life," directed the departments of Defense, Veterans Affairs, and Homeland Security to jointly ensure seamless access to mental health care and suicide prevention resources for transitioning service members and recent veterans, particularly during their first year of transition after separation or retirement.¹⁷

Initiatives like these are key to providing all veterans with effective mental health services, no matter if they return home to a stable support system of family and friends or find themselves alone, living on the street.



A COORDINATED EFFORT

Innovation in treating mental illness and a renewed commitment to curbing high suicide rates among veterans are promising trends. Now it's time for agencies, policymakers and non-profits to come together and craft large-scale, coordinated solutions that bridge the gap once and for all between homeless veterans and mental health services.

With access to cutting-edge technology and comprehensive mental health care, all veterans - housed and homeless alike - can finally receive the support and services they need.

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SoldierStrong Access is a non-profit advocacy organization existing alongside its non-profit charity partner, Soldier Strong. After succeeding in helping dozens of veterans overcome challenges with mobility and launching a scholarship fund to put college within reach of America's returning soldiers, Soldier Strong knew changes in public policies would be necessary to provide access to these opportunities for the veterans community at large.









