

# Heightened Risk for Suicide Among Veterans Who Have Experienced Homelessness



## From Science to Practice

Using Research to Promote Safety and Prevent Suicide

### Issue

While the Veteran homeless population has decreased by nearly half over the last decade (from an estimated 73,367 in 2009 to 37,878 in 2018), homelessness remains a significant problem. Approximately 18 out of every 10,000 Veterans experienced homelessness on a single night in 2018.<sup>1</sup> Homelessness and suicide share several of the same risk factors (including substance use, mental illness, adverse childhood experiences, social isolation, and unemployment),<sup>2,3</sup> which is why Veterans who have ever experienced homelessness are at increased risk for suicidal ideation, suicide attempts, and suicide death.<sup>4</sup> Clinicians can help Veterans by partnering with community homelessness initiatives and monitoring suicide risk around housing loss and instability.

### Key Findings

- Veterans who have experienced homelessness are almost twice as likely as non-Veterans who have experienced homelessness and 11 times as likely as other Veterans to report lifetime suicide attempts.<sup>3</sup>
- Even after controlling for other risk factors, Veterans who have experienced homelessness in their lifetime are nearly four times as likely as other Veterans to have ever attempted suicide.<sup>3</sup>
- Housing instability (measured as concern over being able to pay rent or a mortgage) is also associated with suicide. In one study, Veterans with past-year housing instability were six times as likely as those who did not experience housing instability to report suicidal ideation.<sup>5</sup>
- More male Veterans than female Veterans are homeless, but female Veterans may be at greater risk for homelessness.<sup>6,7,8</sup> Female Veterans who have

experienced homelessness in their lifetime are also more likely than their male counterparts to have had suicidal thoughts or attempted suicide, although male veterans are more likely to complete suicide.<sup>9</sup> And female Veterans who had suicidal thoughts or attempted suicide were more likely than their male counterparts to have experienced childhood and current sexual and physical abuse.<sup>7</sup>

- Even though VA has several programs to support Veterans at risk for or experiencing homelessness, fewer than 1 in 5 Veterans who were homeless report using such services, with significantly fewer Veterans who live in nonurban areas accessing such services.<sup>10</sup>
- A survey of transgender Veterans, who are disproportionately at risk for homelessness and suicide, found that those with a history of homelessness had the highest odds of reporting past-year suicidal ideation, as well as lifetime suicide plans and attempts. This was especially true for transgender men (men assigned female at birth).<sup>11</sup>

### Implications

Researchers do not yet understand why homelessness puts Veterans at greater risk for suicide than non-Veterans. Regardless, all VA medical centers should designate a homeless services provider to become a S.A.V.E. trainer and coordinate training sessions with employees and community partners. (S.A.V.E. stands for the necessary steps for preventing suicide: Know and recognize the signs of suicidal ideation and behavior, ask Veterans whether they are suicidal, validate their feelings, and encourage getting help and expedite treatment.) More specific strategies may be necessary for the homeless Veteran population.<sup>4</sup> It is also important to recognize that homeless Veterans face challenges in accessing care similar to those faced by homeless non-Veterans, including issues with transportation, the availability and fragmentation of health care services, storing and refilling prescriptions, scheduling and keeping appointments, stigma, trust, social isolation, and unmet basic needs.<sup>12,13</sup>



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## Ways You Can Help

- Access the resources and information at the VA National Center on Homelessness among Veterans: [www.va.gov/HOMELESS/nchav/index.asp](http://www.va.gov/HOMELESS/nchav/index.asp).
- Partner with community homelessness resources to reach those Veterans not engaged with the Veterans Health Administration.<sup>14</sup>
- Conduct suicide risk assessments with Veterans at risk for homelessness.<sup>12</sup> Use your local Homeless Patient Aligned Care Team, since the H-PACT model has been shown to improve outcomes for Veterans experiencing homelessness.<sup>12,15</sup> Consider adding a clinical pharmacy specialist to the H-PACT team to improve access to psychotropic pharmacotherapy.
- Consider engaging in medical-legal partnerships, as several VA medical centers have. In medical-legal partnerships, lawyers are integrated into health care teams to help address legal problems, including housing issues, among vulnerable populations at no cost to Veterans. One study found that Veterans who received such legal assistance experienced improved mental health and housing stability.<sup>16</sup> Visit the National Center for Medical-Legal Partnership website for more information: <https://medical-legalpartnership.org>.
- Increase monitoring of suicide risk associated with housing loss or instability, because these events may constitute a negative life event that precedes a suicide attempt. Housing instability may be of particular concern among lesbian, gay, bisexual, and transgender individuals because more than half of states do not have housing nondiscrimination laws that cover sexual orientation and gender identity.<sup>17</sup>
- Because Veterans who are experiencing homelessness are less likely than their housed counterparts to own firearms, safety discussions should include other methods accessible to them, such as jumping, hanging, and overdose.

**There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.**

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