Examining Homelessness as a Correlate of Suicide Ideation: Findings from the CORE Pilot Study

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Disclaimers

This material is the result of work supported with resources and the use of facilities at the James A. Haley Veterans' Hospital.

The presented contents do not represent the views of the Department of Veterans Affairs or the United States Government.
The national VA/DoD Mental Health and Chaplaincy’s (MH-C) Learning Collaborative aims to better address the mental health needs of veterans with PTSD and other mental health problems by approaching mental health and spirituality as interrelated aspects for overall improved health.
Chaplains play important roles in caring for Veterans and Service members with mental health problems.\(^1,2\)

Clinical issues are fundamentally interrelated with religious or spiritual experiences

- loss of meaning and purpose in life, hopelessness, guilt and shame, feelings of abandonment, and moral and spiritual injury.\(^3\)

Loss of meaning and purpose in life is one of the most important reasons why Veterans with PTSD turn to VA for mental health care,\(^3\) with increased mental health care utilization when these needs are unmet.\(^4\)

More intentionally integrating chaplains with mental health care services can help to better meet the needs of many Veterans and Service members in these systems of care.\(^5\)


VA: Whose job is it?

Major component of chaplain’s job

Non/minor component of chaplain’s job

Non/minor component of MH provider’s job

Major component of MH provider’s job

- **Praying w Veteran**
- **Attending to Veterans’ spirituality**
- **Providing counseling**
- **Providing psychotherapy**
- **Diagnosing MH problems**
- **Giving health advice**
- **Addressing guilt and forgiveness**
- **Inviting veterans to share story**
- **Communicating with veterans’ families**
- **Attending to veterans’ MH**
- **Attending to veterans’ spirituality**
- **Caring for veterans’ family**
- **Acting as liaison**
- **Enhancing veteran resiliency**
- **Providing therapy**
- **Communicating with veterans’ families**
- **Attending to veterans’ spirituality**

*Activity perceived as significantly greater (p < .01) component of either chaplain or MH provider’s job.*
Learning Collaborative Objectives

I. Learn and share best practices at participating sites for effectively integrating chaplaincy into PTSD and mental health care services

II. Teach quality improvement techniques to teams of mental health professionals and chaplains

III. Establish participating facilities as resources for other sites seeking to better integrate mental health and chaplain services
Crisis Orientation Refresh Empower: CORE

- Crisis Orientation Refresh Empower (CORE) intervention is currently being used on the Acute Recovery Center of the James A. Haley VAMC.

- CORE is a short, goal-driven crisis intervention that evokes individuals to contemplate their spirituality as part of their recovery.

- The intervention can be provided by any trained mental health provider.

- CORE’s primary goal is to improve mental health by facilitating spiritual treatment with mental health treatment.
Objectives

Study Objectives

- Examine the usefulness of CORE for:
  - improving mental health (specifically suicidality, substance use, and PTSD);
  - increasing use of mental health outpatient services;
  - Increasing the use of the VA chaplaincy services.

- The study was approved by the University of South Florida’s Institutional Review Board and the James A. Haley VA Research and Development Committee.

Presentation Objectives

- Discuss the impact of CORE for homeless veterans
  - Suicidality
  - Substance use
  - Increasing adherence to mental health treatment
Research Design and Methods

- Design: This pilot study is a retrospective chart review using a purposive sample.
- Inclusionary criteria:
  - availability of electronic medical records for one year before and after admission;
  - age >18 years;
  - admission for suicide ideation or attempt;
  - documented belief in a higher power;
  - no neurodegenerative /cognitive disorder/impairment.
- Timeframe: Charts were reviewed for one year before and after the index admission for suicidality
- For each chart, there were two independent reviewers. Disagreements were resolved via discussion or by a third independent reviewer.
Descriptive Comparison of Homeless to Not Homeless Veterans Hospitalized for Suicide

- Sample: 61 Veterans who were hospitalized for suicide ideation or suicide attempt
- For the homeless Veterans, the mean age was 50.68 years, range of 30 to 67 years.
- One homeless Veteran had service-connected PTSD (70% disability rating for PTSD).

22 (36%) of these Veterans were homeless
**Descriptive Comparison of Homeless to Not Homeless Veterans Hospitalized for Suicide**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Homeless (n=22)</th>
<th>Not Homeless (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>95.5%</td>
</tr>
<tr>
<td>Minority Race (non-White)¹</td>
<td>10</td>
<td>45.5%</td>
</tr>
<tr>
<td>Served in Combat*</td>
<td>3</td>
<td>13.6%</td>
</tr>
<tr>
<td>PTSD</td>
<td>7</td>
<td>31.8%</td>
</tr>
<tr>
<td>Substance Use Disorder¹</td>
<td>19</td>
<td>86.3%</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>17</td>
<td>77.3%</td>
</tr>
<tr>
<td>Anxiety Disorder (Not PTSD)</td>
<td>7</td>
<td>31.8%</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>6</td>
<td>27.3%</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>6</td>
<td>27.3%</td>
</tr>
</tbody>
</table>

Of the homeless Veterans, 13 (59.1%) served in the Army, 4 (18.2%) in the Navy, 3 (13.6%) in the Marines, and 2 (9.1%) in the Air Force.

*statistically significant difference (p=.05).
¹approached statistical significance (p=.05).
Alcohol and Substance Use

- Most homeless Veterans (86.3%) were diagnosed with an alcohol or substance use disorder
- 15 (68.2%) Veterans were using multiple substances
Suicide among Homeless Veterans

Of the homeless Veterans,

- 19 (86.4%) were admitted for suicide ideation
- 3 (13.6%) for suicide attempt
- 18 (81.8%) voluntarily self-admitted
- 4 (18.2%) admitted via Baker Act
- 10 (45.5%) re-admitted for suicidality within one year

<table>
<thead>
<tr>
<th>Variable</th>
<th>Average (Mean) in days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Homeless (n= 39)</td>
</tr>
<tr>
<td>Length of hospitalization</td>
<td>7.51</td>
</tr>
<tr>
<td>Time to next admission</td>
<td>144.8</td>
</tr>
<tr>
<td>PRE total length of stay in ARC</td>
<td>10.38</td>
</tr>
<tr>
<td>POST total length of stay in ARC</td>
<td>13.33</td>
</tr>
</tbody>
</table>
Impact of CORE: Substance Use

- For all the Veterans (n=61), we found that CORE significantly reduced substance use*. CORE increased the odds of Veterans reducing substance use by 15 times.

- Of the 19 homeless veterans with a substance use disorder,
  - 13 (65%) reduced their substance abuse;
  - 4 (18.2%) remained the same; and
  - 2 (9.1%) increased.

- Veterans who had experienced CORE were significantly more likely to reduce substance use*
  - \[\chi^2 (1, n=19) = 9.744, p=.002\].

*statistically significant difference (p=.05) compared to non-homeless Veterans
Impact of CORE: Adherence with Mental Health Treatment

- Veterans experiencing homelessness,
  - 61% were more adherent with mental health treatment;
  - 18.2% remained the same; and
  - 18.2% were less compliant.*
- The impact of CORE approached significance (p=.076).

*statistically significant difference (p=.05) compared to non-homeless Veterans approached statistical significance (p=.05) compared to non-homeless Veterans
Impact of CORE for homeless Veterans: PTSD

- Of the 7 veterans experiencing homelessness with PTSD, three had a decrease in their symptoms. The others had no change in their symptoms.

- This sample was too small for inferential analysis.

*statistically significant difference (p=.05) compared to non-homeless Veterans

1approached statistical significance (p=.05) compared to non-homeless Veterans
CORE Intervention: An Effective Strategy

The CORE Pilot Study included 22 Veterans who were experiencing homelessness. The overwhelming majority had a documented diagnosis of Alcohol or Substance Use Disorder. We found Veterans who had experienced CORE showed reduced substance use and increased adherence to their prescribed mental health treatment.

By reducing Veteran substance use and increasing adherence with mental health treatment, the CORE intervention could be an effective strategy to help end Veteran homelessness.
Questions?
We thank the following persons for their support of the CORE Pilot Study:

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- Bob Blackwood
- Laureen Doloresco


