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College of Education and Human Sciences

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Sheryl L. Williams

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Walden University
2022

Abstract

Services for Homeless Veterans: A Study of Access to Benefits

by

Sheryl L. Williams

MPhil, Walden University, 2021

MA, American College of Healthcare Sciences, 2017

BS, University of North Texas, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

PhD in Health Ed & Promotion

Walden University

November 2022

Abstract

Homelessness among veterans in the United States is a multifaceted social and health concern that has continued to increase despite immense efforts to minimize and eliminate this issue. Numerous organizations have dedicated resources; however, many veterans do not use benefits and resources that are available to them, and homelessness remains a health and social concern. The purpose of this study was to explore and describe how individual and interpersonal barriers, community factors, organizational structure, and existing policies for assistance are perceived by support staff that work with veterans with mental disorders who are homeless or at risk of becoming homeless. This research was aimed to address what impact having dependents has on loss of purpose for veterans with mental disorders, best practices in educating servicemembers about benefits in military separation briefings, and barriers for accessing benefits using the social ecological model (SEM). A basic qualitative inquiry approach was used. In addition to recent peer-reviewed literature, semistructured interviews were used as a primary source of data. This included interviews from purposefully selected sites with individuals who worked at VA facilities and personnel from homeless charity organizations. In addition to factors such as substance abuse disorders, social support, and the need for advocacy, findings from this research show that a lack of dependents may also contribute to loss of purpose and unwillingness to better themselves. Educating those who assist veterans with mental disorders about this could have an influence on the approach they use in terms of their methods of assistance and eventually have a positive social impact on this population.

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Dedication

I dedicate this dissertation to my husband, Tom, who has motivated and supported me throughout this entire journey. He has been a constant source of encouragement and most of all, would not let me quit. To my grandson, Parker, who has been my daily ray of sunshine and inspiration. He also helped me keep my priorities in order and stay focused on what was really important. I hope that this is an encouragement for him to never stop learning. To my children, Zach, Josh, Mandie, and daughter-in-law Erin that have supported and encouraged me. To my mother who has always been there for me and believed in me even when I doubted myself. I would also like to dedicate this dissertation to all the veterans that have served and sacrificed for our great country. May your service never be forgotten.

Acknowledgments

First of all, I would like to give thanks and honor to God for giving me the strength and perseverance to achieve this goal. It has been His grace that has helped me through dark and difficult times to continue this journey.

I would also like to thank my committee chair, Dr. David Brown, for always being available for all my questions and for providing his advice and encouragement throughout my dissertation process. He let me work on my own schedule while still keeping me focused on my goals. I would not have made it this far without him. Additionally, I want to thank my committee member, Dr. Erica Fowler, and my URR, Dr. Shawnte Elbert, for their continued feedback, advice, and encouragement. You were all a great inspiration to me.

I want to say thanks for all my family and friends that have given me words of encouragement along the way. A special thanks to Abe and Mark for sharing their knowledge with me on my research. Your help really meant a lot. Most of all, thanks to Tom and Parker for your love, support, and patience throughout this whole process.

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Chapter 1: Introduction to the Study

Homelessness among veterans in the United States is a multifaceted social and health concern that has continued to increase despite immense efforts to minimize and eliminate homelessness among this population. This study involved analyzing current research that has been conducted on homelessness as well as potential factors that contribute to ongoing homelessness health and social issues among veterans with mental disorders. Chapter 1 includes a discussion of the purpose of the study, research questions, and theoretical framework. I also discuss the nature of the study, key concepts (including definitions), and how data were collected. Furthermore, assumptions that were critical to the study and aspects and boundaries of the study are detailed. Finally, I describe how limitations and weaknesses of research may have impacted outcomes as well as how outcomes could lead to positive social change for homeless veterans with mental disorders.

Background

There have been numerous studies on causes of homelessness among individuals with mental disorders as well as veteran populations. Henry et al. (2018) compiled a report to provide a "point-in-time" estimate of the homeless on a single night and to also provide an estimate of the homeless based on specific populations, such as veterans The report said in the United States, about 18 in every 10,000 veterans experienced homelessness on any given night in 2018 (Henry et al., 2018). Lack of dependents at the interpersonal level may contribute to loss of purpose for homeless veterans with mental disorders. The vast majority of veterans that were experiencing homelessness are from

households without children (Henry et al., 2018). This is significant in that most homeless veterans do not have dependents, which may contribute to loss of purpose. In addition to loss of purpose at the interpersonal level, there are influences at other levels of society that contribute to veterans not using benefits available to them on their pathway to homelessness. Castillo et al. (2019) used the Social Ecological Model (SEM) to understand the role of community intervention in addressing and promoting mental health and social equality. For the homeless sector, the focus was on several programs that had been implemented at various levels of the SEM. They said interventions at the community level may be most effective. Specifically for homeless and mental health interventions, multisector collaborative care and prevention services were effective.

The SEM was an effective tool for analyzing various programs for the homeless population and showed the importance of community level involvement for health promotion and social equality (Castillo et al., 2019). The SEM has also been used in other studies that described the perception of how community influences contribute to lose of jobs, abandoned buildings, and living in a “battlefield” environment which can impact the health of homeless individuals (Cheezum et al., 2019). Mental and cooccurring disorders among homeless veterans may bring about poor physical and mental health. Understanding the impact that prior diagnosis of cooccurring and other mental disorders had on current mental health status of homeless veterans was significant, as these individuals may need more specific care than those with other mental disorders (Ding et al., 2018). This is imperative for understanding how cooccurring disorders can influence overall wellbeing of veterans with mental disorders.

There is a need for homeless programs to integrate primary care and mental health services as well as training for case managers in these areas to increase supported housing retention (Gabrielian et al., 2018). Although there is a high prevalence of substance abuse and mental health issues among the homeless, these issues often go untreated in homeless adults (Kaplan et al., 2019). According to Kaplan (2019), although most of the participants in his study had problems with mental health and substance use, only a few had actually received treatment. These findings can be beneficial in terms of improving homeless programs to integrate treatment for mental health and substance abuse in future planning and development for this underserved population (Kaplan et al., 2019). Barriers that hinder veterans from accessing benefits are also contributing factors to homelessness. There have been comprehensive plans laid out by federal leaders to end veteran homelessness, yet many are deterred by various obstacles in receiving these benefits. Understanding the United States Department of Veterans Affairs (VA) system can be difficult for any veteran; however, those with mental health issues may have even more challenges involving navigating the process that is required to obtain benefits and available resources (Gruenewald et al., 2018). Gruenewald et al. (2018) conducted a study to understand the barriers and facilitators for homeless veterans that are nearing the end of their life. Interview data was collected from frontline health-care workers at a Veterans Administration Medical Center (VAMC) and homeless veterans with severe chronic illnesses (Gruenewald et al., 2018). From the results of their data analysis, the themes that emerged were relationship and trust building, flexibility and coordination, key people, key services, navigating change, and stigma and self-depreciation

(Gruenewald et al., 2018). The overarching theme from the interviews was the phrase, "Meet Me Where I Am" (Gruenewald et al., 2018). Some of the implications of the phrase, "Meet Me Where I Am", are that veterans at the end-of-life phase should not be judged on their past, they should be understood by their own means of communication, they should not be forced to be involved in meetings, and they should be provided care in their setting such as shelter rather than requiring them to visit the VAMC (Gruenewald et al., 2018). Although the study focused on end-of-life care, these barriers could also be contributing factors in terms of homeless veterans not using the resources available to them.

An additional aspect of veteran homelessness is military culture. Values and unique traditions, terms and lingo, customs, and guidelines for behavior that are expected from servicemembers are sometimes not understood by civilians, and can therefore cause a disconnect when they transition back to being a civilian post-military service (Truusa et al., 2019). Although there is rigorous training for individuals to transition from civilian to military, there is not the same level of training to reintegrate back to civilian life (Truusa et al., 2019). Servicemembers are trained to think collectively and put the common good of others before themselves (Powell & Mullen, 2019). The culture of the military is not conducive to asking for help for mental illnesses (Ganz et al., 2021). Also, instinctive training that is necessary for survival in the military may create cynical beliefs (Smith et al., 2018). These types of traits in military culture may be a hinderance in the transitional period from military servicemember to civilian (Truusa et al., 2019). While there have been many studies on both homelessness and mental disorders in veterans, there has not

been any research that specifically addresses how veterans with mental disorders who do not have family or dependents cope with loss of purpose and how this is perceived as a contributing factor to becoming homeless.

Problem Statement

According to the National Alliance to End Homelessness (2020), more than 7% of the adult homeless population is made up of veterans. This means that on any given night, more than 37,000 veterans are homeless, with another 1.4 million at risk of becoming homeless (Henry et al., 2018). The United States VA provides "exclusive access to health care, income assistance, and housing resources" (Metraux et al., 2017, p. 229). While causes of homelessness among veterans are multifaceted, loss of purpose after separating from the military has been reported as a major issue that veterans experience (Ahern et al., 2015). Responsibility of providing for a family or dependents keeps them focused during their transition to a civilian lifestyle. As of 2019, 98% of homeless veterans were without families (National Alliance to End Homelessness, 2020). There is a possible inverse association between veterans caring for dependents and homelessness. Often, veterans abuse drugs and other substances as coping mechanisms for both social stressors and mental illnesses, which also contributes to homelessness (Sestito et al., 2017). While many homeless veterans suffer from mental health disorders, more research is needed to investigate how veterans with mental health disorders cope with loss of purpose, post-military separation and whether caring for dependents decreases the risk of them becoming homeless (Ding et al., 2018). Research results could provide insights for designing preventive care and health education interventions

involving health behavioral modifications to promote positive social change for this population. The specific research problem that is addressed through this study is that even though the VA and other organizations have spent millions of dollars to provide benefits and programs for this group, many veterans do not use benefits and resources that are available to them, and therefore, homelessness remains a health and social concern among this population (National Coalition for Homeless Veterans, 2016).

Purpose of Study

The purpose of this qualitative study was to explore and describe how individual and interpersonal barriers, community factors, organizational structure, and existing policies for assistance are perceived by support staff who work with veterans with mental disorders who are homeless or at risk of becoming homeless. This study involved gaining a better understanding of experiences of veterans facing homelessness when choosing whether to access available benefits from VA programs and other sources. Additionally, I address how having dependents affects veterans with mental health disorders in terms of coping with loss of purpose after separating from the military. This research involved what impact having dependents has on loss of purpose for veterans with mental disorders, best practices for educating servicemembers about benefits during military separation briefings, and barriers for accessing benefits at the multi-levels of the Social Ecological Model (SEM) for veterans with mental disorders.

Research Questions

RQ1: How do support staff who work with homeless veterans perceive lack of dependents at the interpersonal level as contributing to loss of purpose for

homeless veterans with mental disorders?

RQ2: How do support staff who work with homeless veterans perceive barriers and challenges that homeless veteran with mental disorders experience at the community level when attempting to access benefits?

SQ1: What types of changes do support staff who work with homeless veterans with mental disabilities perceive as best practices for accessing benefits?

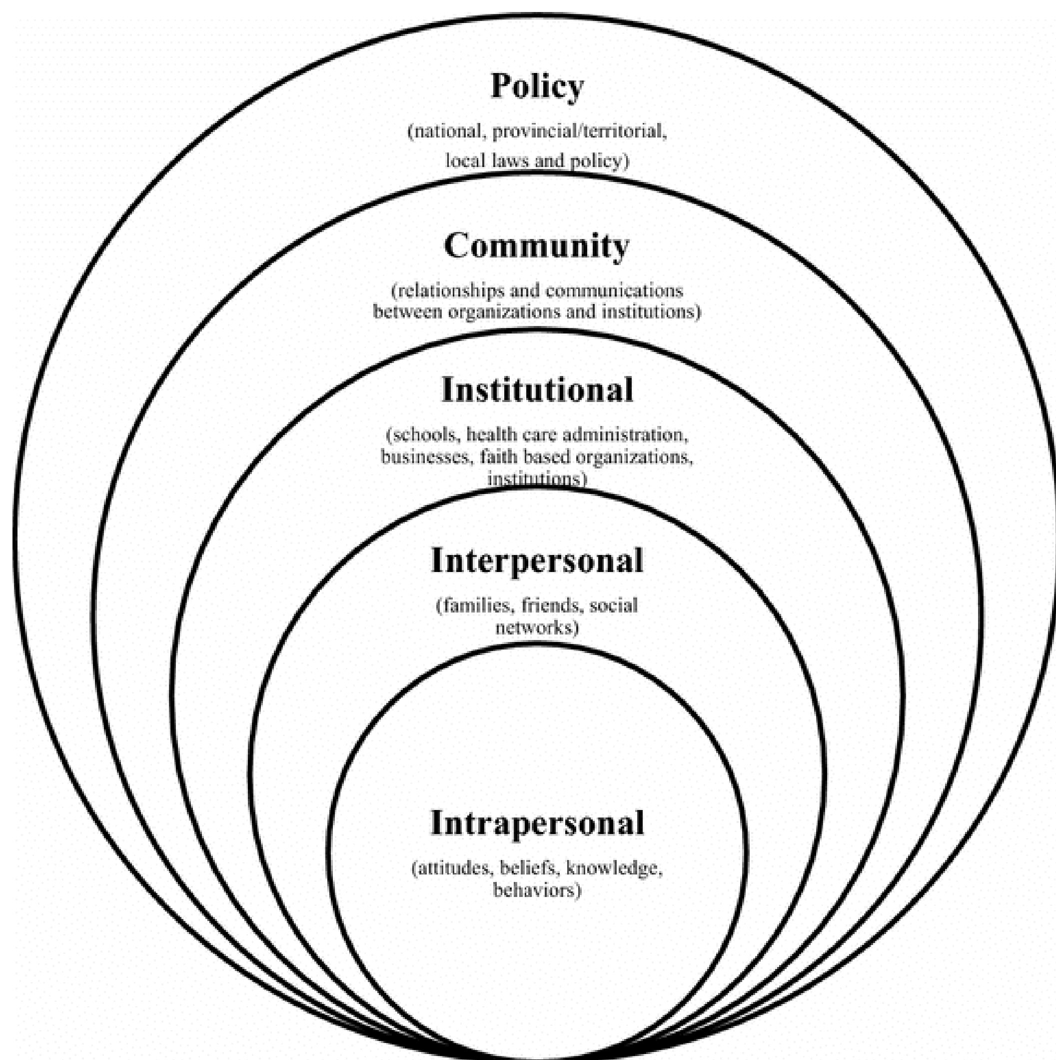
RQ3: How do support staff who work with homeless veterans perceive rules and regulation required by VA public polices in terms of preventing veterans with mental disabilities from using resources that are available to them?

Theoretical Framework

The theories and concepts that grounded this study include Urie Bronfenbrenner's SEM (see Figure 1). This model has been used in recent studies for understanding mental health and homelessness (Castillo et al. 2019; Cheezum et al. 2019). The SEM framework has been valuable in terms of revealing the importance of understanding the role of community intervention in addressing and promoting mental health and social equality for homeless populations (Castillo et al, 2019). The application of this framework addresses the ecological approach in analyzing the effects of homelessness on multiple levels of society and emphasizes the need for community interventions that cut across the ecological framework.

Figure 1

Constructs of the SEM



Note. Adapted from the Centers for Disease Control and Prevention (CDC).

The logical connections between the SEM and the nature of my study are that this theory-based framework is used to understand the interactive effects that the levels of a social system have on an individual in their development. Revisions of this framework has been frequently used in understanding the multifaceted factors that lead to homelessness (Castillo et al., 2019; Cheezum et al., 2019). The SEM been used to gain a deeper understanding of public health concerns related to veterans. Concepts explored include what loss of purpose is and how it is related to lack of dependents among homeless veterans. Levels of the SEM include individual, interpersonal, organizational, community, and public policy. This model can be used to help address these multifaceted levels within the society that impact veterans that are homeless or at risk of becoming homeless. For my planned research design, I used data from personal interviews as well as documents on this topic from secondary data. The individual interviews were semistructured and the participants and sites for the interviews were purposefully selected. They were specific to individuals that worked at VA facilities and from charity organizations that provides resources to the general homeless population in their community where there are high rates of homeless veterans. The data points needed to answer the research question were the support staff's perception of barriers at the individual, interpersonal, community, organizational, and public policy levels that hinder veterans from using resources available to them.

Nature of the Study

To address research questions in this qualitative study, I used a basic interpretive qualitative approach. Qualitative research is commonly used for health promotion

programs, and it is consistent with understanding the interactive processes of health educational processes and can be used to answer multifarious issues for complex situations (Fertman & Allensworth, 2017; Gilmore, 2012). Additionally, it has been used in recent studies to understand perceptions and experiences of veterans in terms of their paths from military service to homelessness (Metraux et al., 2017). The basic qualitative design has roots in many of the human sciences and is often used for qualitative research that does not fall into the more specific designs. This approach was chosen because it can be used in terms of understanding perceptions or experiences of individuals or populations though exploration. It involves focusing on human experiences, perceptions, and contextual interpretations (Cantu & Gomba, 2018). This approach also encourages pursuit of knowledge and understanding through applied research (Givens, 2008). Unlike phenomenology, narrative inquiry, or ethnography, the basic interpretive qualitative approach does not require that data be obtained directly from participants who experienced the phenomena (Ravitch & Carl, 2016). Primary sources of data can be from observation and also interviews that do not necessarily involve firsthand accounts from individuals who experienced the phenomenon. Since I interviewed support staff who work with homeless veterans with mental disabilities and not veterans directly, this was suitable for my research.

Definitions

Community Level of the SEM: Relationships among organizational characteristics, as well as formal and informal rules and regulations for operation (McLeroy et al., 1988).

Comorbidities: Diseases or medical conditions that are simultaneously present with others in a patient (Weber et al., 2018).

Cynicism: Generally negative worldview involving considering others as untrustworthy, deceitful, and selfish (Smith et al., 2018).

Homeless: One who lacks a fixed, regular, and adequate nighttime residence or has a primary nighttime residence that is a supervised publicly or privately operated shelter, temporary residence for individuals intended to be institutionalized, or public or private place not ordinarily used as a regular sleeping accommodation for human beings (National Coalition for Homeless Veterans, n.d.).

Interpersonal Level of the SEM: Interactions and relations between two or more people that include family, friends, coworkers, neighbors, and other acquaintances who have an effect on social identity (McLeroy et al., 1988).

Intrapersonal Level of the SEM: Characteristics of individuals such as knowledge, attitudes, behaviors, self-concept, self-efficacy, skill, and developmental history (McLeroy et al., 1988).

Loss of Purpose: Lack of meaning and the feeling of no longer contributing to communal efforts (Ahern et al., 2015).

Military Culture: Military culture is based on unique traditions, mission, structure, and leadership of military history. Furthermore, military culture includes distinct subcultures (known as branches of service) that have unwritten sets of rules, viewpoints, perspectives, and operating procedures (Martin, 2014).

Military Dependents: A spouse, natural stepchild or adopted child, and any parent or other persons who are dependent on the applicant for more than one half of their support (Military One Source, 2020).

Organizational Level of the SEM: Factors at the local level such as healthcare administrations, neighborhoods, workplaces/businesses, nonprofit organizations, and faith institutions (McLeroy et al., 1988).

Public Policy Level of the SEM: Local, state, and national laws and policies (McLeroy et al., 1988).

Veteran: Any person who served on active duty in the armed forces of the United States, which includes reserves and National Guard members who were called up to active duty (Henry et al., 2018).

United States Department of Veterans Affairs (VA): A cabinet-level executive branch department of the federal government that provides programs benefiting veterans and members of their families (USAGov, n.d.).

Assumptions

In conducting this research, I assumed that participants that I interviewed were truthful and honest about their perspectives when answering my questions. I also assumed that their perspectives were accurate and represented the true nature of the phenomena of the homeless veterans that they represented. Finally, I assumed veterans with mental disorders who do not have dependents have a more challenging time transitioning from being military servicemember to a civilian compared to those who have dependents and sense of purpose.

Limitations

Specific criteria of researching only homeless veterans with mental disabilities for this study may have led to limited responses from interview participants and therefore may not have been representative of a wider population. Another barrier for the research process involved obtaining approval from the VA Central Institutional Review Board for conducting interviews with their staff. Instead, I interviewed VA personnel on their personal time and used personal contact information. Another challenge was that information obtained from selected participants may have not been adequate for revealing sufficient data. In addition, current restrictions due to COVID-19 limited my ability to conduct in-person interviews and may have limited access to certain locations; however, this did not appear to hinder or slow down the process of gathering data.

Significance

This study is significant in that results of this research may be used to provide data for future programs that address lack of dependents as a contributing factor for homelessness among veterans. It may fill a gap in understanding how not having dependents may contribute to loss of purpose in veterans with mental disorders and therefore could contribute to changes in terms of how health education and promotion programs are created in order to prevent homelessness for this population. Programs that are multifaceted and address confounding variables rather than providing only physical housing appear to be most effective in terms of limiting homelessness in veteran populations; therefore, understanding perspectives of homeless veterans who do not have dependents may lead to insights regarding changes that need to be made at the individual,

interpersonal, community, and public policy levels of society in order to address positive social change for this population.

Summary

In this chapter, I discussed research that has been conducted on homelessness using the SEM as well as research on homeless veterans. Mental disorders and barriers at different societal levels may have a significant impact on how veterans cope with their transition from the military to civilian life. These factors affect their ability to access benefits that are available to them. I also explained how homelessness continues to be a problem despite numerous government and local programs that have been implemented to help this vulnerable population. I stated my reasoning for using the SEM as my theoretical framework and my role in terms of how I approached the study and addressed limitations. In Chapter 2, I further analyze research regarding this topic.

Chapter 2: Literature Review

Homelessness in the United States has been an ongoing challenge for several decades that has affected diverse populations. Although United States military veterans have many resources and assets available to them that may not be available to other homeless populations, veterans continue to comprise a disproportionate number of the adult homeless population (National Alliance to End Homelessness, 2020). Health education and promotion professionals can play a significant role in order to reduce homelessness among veterans in the United States by developing and implementing best practice strategies in future programs as well as educational tools for accessing available benefits. In order to better understand and prevent disparities and challenges that homeless veteran may have in terms of accessing benefits, I used the Social Ecological Model (SEM) as the theoretical framework. The research questions for this study were analyzed using the different levels of societal In this study, I presented research involving the impact that mental disorders have on homelessness, experiences of adult homeless populations, effects of confounding factors that prevented them from accessing benefits, influences that military culture has on individual behaviors, and how veterans were impacted by loss of purpose after separation from the military.

Literature Search Strategy

The search strategy for my literature review involved research that has used the SEM for homeless populations, challenges, and barriers that veterans encounter when trying to access available resources, as well as experiences of veterans with mental disabilities. Keywords were: *homelessness*, *veterans*, *loss of purpose*, *military*

dependents, *mental health*, *qualitative method*, and *the social ecological model*. I used the Walden University Library's advanced search and ESBCOHost to search for peer-reviewed articles that were published between 2018 and 2022. For example, I used homeless* AND mental health* AND veterans*. Furthermore, I used the ProQuest Health and Medical Collection as a database using these same keywords which gave me a slightly different list. For research specific to qualitative studies, I used the SAGE Knowledge database for obtaining a better understanding about this methodology and the various approaches and designs for qualitative research. Qualitative studies about homelessness that used the SEM were investigated by including socio-ecological model AND homelessness* as keywords. Additionally, I used Google Scholar articles as a means to search specific phrases and demographics of homeless populations for general knowledge; however, many of these articles could not be used because they were not written within the last 5 years. Once the research material was analyzed and determined to be relative to my study, I used a Word literature review matrix as a tool to organize articles and assemble information that was significant. This helped me synthesize data by topic. It was also used as a central source for citations and references throughout this paper.

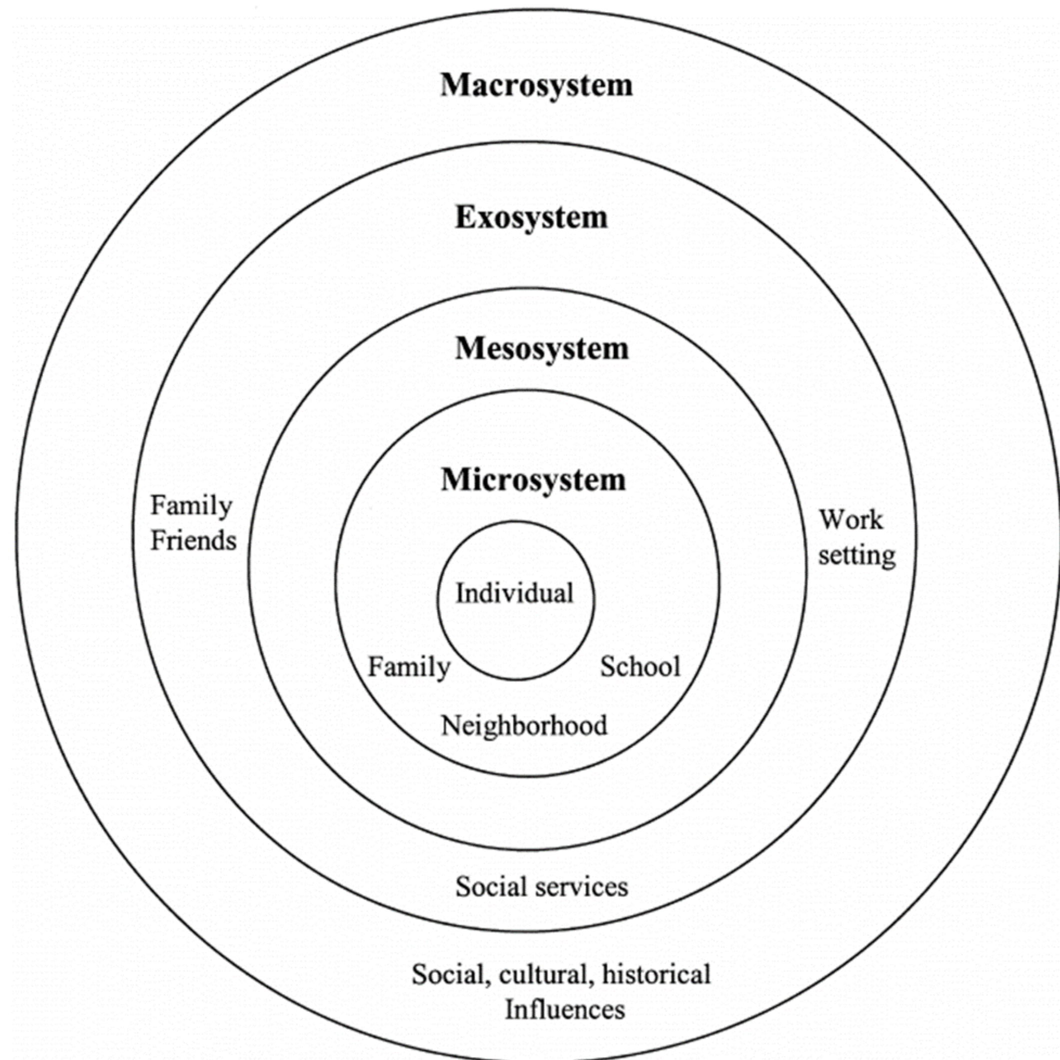
SEM

The SEM is a model that can be used for understanding relationships between societal factors that have an impact on public health and behaviors. In the 1970s, Bronfenbrenner (2000), a Russian-born American psychologist, introduced this idea as more of a conceptual model of how factors closest to the individual had a greater

influence on an individual's development than those at a more distant level (Gilstrap & Zierten, 2021; Kilanowski, 2017). He used the term proximal processes to describe the factors that influence human development (Bronfenbrenner, 2000). The original levels of this theory (see Figure 2) were microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Gilstrap & Zierten, 2021). This figure is shown to provide a visual of how the names of levels within the model have evolved; however, the concepts have remained the same.

Figure 2

Bronfenbrenner's Ecological Model of Human Development

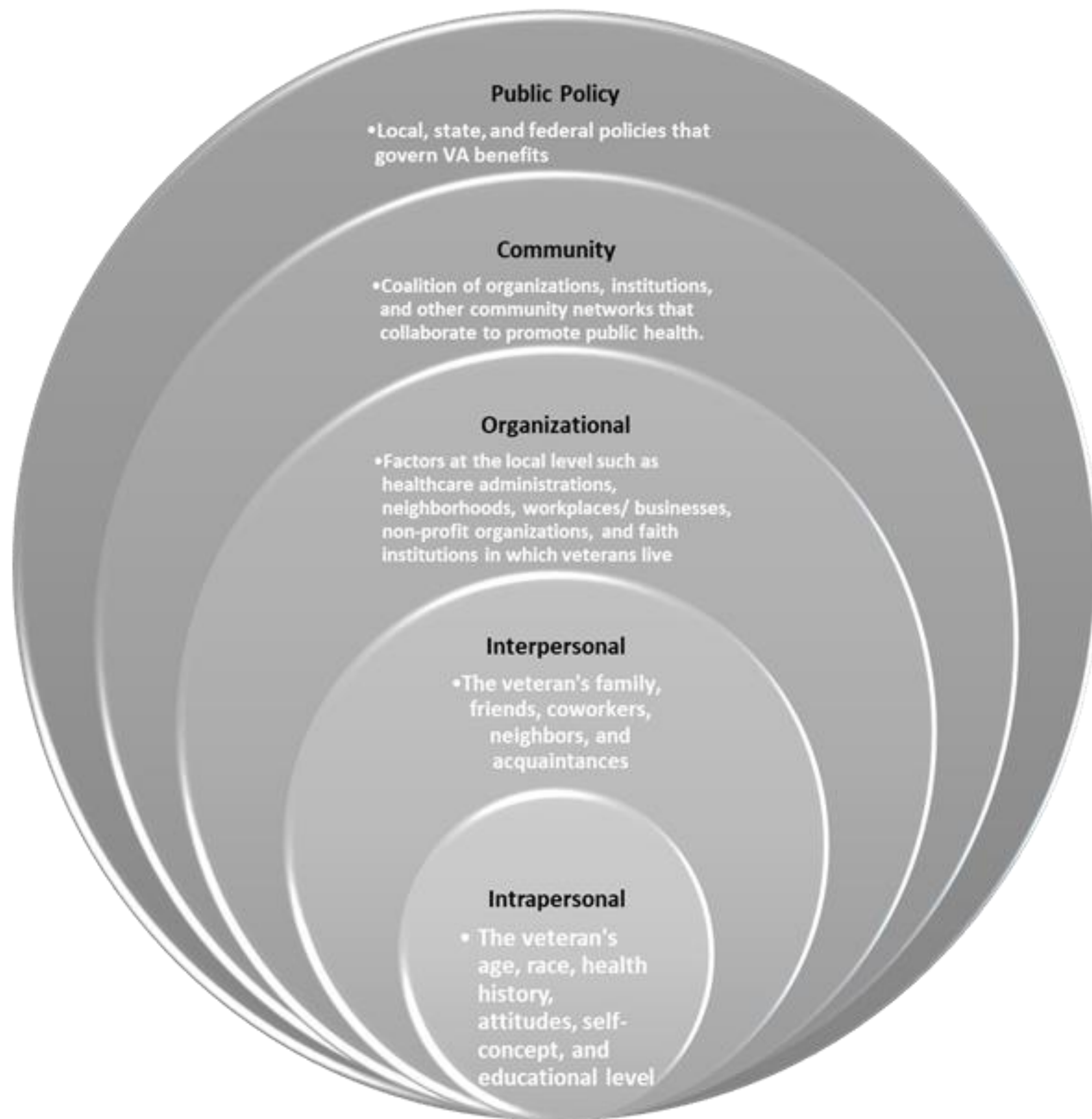


Note. Adapted from Bronfenbrenner's ecological model of human development. Source: "Ecological Models of Human Development," by U. Bronfenbrenner, 1994, in International Encyclopedia of Education (pp. 37-42), Oxford, UK: Elsevier.

This model has evolved over the last several decades (see Figure 3). Terms used for various levels of the SEM are intrapersonal, interpersonal, organizational, community, and public policy (Kilanowski, 2017; McLeroy et al., 1988). Analyzing relationships between these levels can help in terms of understanding root causes as opposed to indicators of certain determinants (Cerulli et al., 2019). This model involves societal levels that individuals interact with directly, which includes interpersonal levels, and also broader levels of society such as organizational, community and public policy levels that they interact with indirectly (Brothers et al., 2020). It has been used in the development of many health education and behavior health promotion interventions. For example, agromedicine organizations have adopted this model for understanding safety and health interventions of agricultural environmental that are influenced by the levels of society (Kilanowski, 2017). The CDC used this framework for violence intervention programs and prevention of cardiovascular disease. The SEM can be used to display determinants of veterans to address preventative measure to reduce the number of homeless veterans in future programs (see Figure 3). This figure demonstrates the societal levels of the SEM that are specific to factors that may affect veteran's risks of becoming homeless. Therefore, the SEM was an appropriate framework for understanding factors that lead to homelessness among United States military veterans.

Figure 3

Levels of the SEM as it Relates to Veterans



Intrapersonal Level

The intrapersonal level of the SEM includes the personal characteristics and the biological or genetic makeup of the individual. The biological aspect is comprised of the individual's age, race, and health history while the personal characteristics include their intelligence or educational level and their personal socioeconomic status. Personal characteristics would also include a person's attitudes, self-concept, and their behaviors (McLeroy et al., 1988). According to Bronfenbrenner (2000) this level of the SEM has the most influence on human development and behaviors; therefore, understanding strategies for increasing knowledge and self-efficacy at this level is crucial for promoting behavioral changes and developing intervention programs. Since a person's attitude and self-efficacy can contribute to how an individual copes and reacts to unfortunate circumstances, their resilience can determine behaviors. According to Greenberg et al. (2018), resilience is "broadly defined as the ability to respond adaptively to challenges or adversity" (p. 314). Although resilience is measured at the intrapersonal level, it may also contribute to the individual's capability to maintain employment, their ability to live independently as well as their social interactions (Greenberg et al., 2018). This could be especially significant for veterans that have experienced combat and psychological trauma as this could contribute to poor resilience, which is a contributing factor to homeless veterans' ability to remain self-sustaining (Greenberg et al., 2018).

In addition to resilience, the intrapersonal level of the SEM can also be used to analyze the mental health of individuals. Although it is known that there is a high prevalence of substance abuse and mental health issues among the homeless, these issues

often go untreated in homeless adults (Kaplan et al., 2019). Veterans are at a greater risk of having both physical and mental illnesses compared to nonveterans (Weber et al., 2017). Mental illnesses have been a substantial predictor of instable housing among veterans over the past several decades. Furthermore, post-military isolation or separation, mental illnesses and substance use had the strongest effects on homeless outcomes (Giano et al., 2020). These personal characteristics and biological makeup of the individual is a significant contributing factor for veterans becoming homeless.

Interpersonal Level

Social relationships and interactions are essential aspects of the interpersonal factors of the SEM and can affect a person's behaviors and attitudes towards lived experiences. These interpersonal relations include family, friends, coworkers, neighbors, and other acquaintances that have an effect on an individual's social identity (McLeroy et al., 1988). Social networks can impact how a person copes with stress, seeks and obtains treatment for health issues, and their perspective towards alcohol and drug use (McLeroy et al., 1988). Social support can be disrupted by loss of job, or in the case of veterans, separation from the military (Cheezum et al., 2019). The quality of social support can also play a significant role in an individual's well-being. Social support can be positively associated with life satisfaction. On the contrast, social isolation can lead to emotional stress and health issues.

For veterans, their interpersonal relationships can be a crucial factor in their perspective about getting professional help for mental disorders and substance abuse. Cynicism, which is having a skeptic and distrustful attitude and perspective towards life,

can be influenced by interpersonal relationships and can have a detrimental effect on a person's mental health as well as their mistrust in the healthcare system (Smith et al., 2018). Having a cynical perspective is a common outlook in military culture partially due to training that is needed for survival and autonomic arousal for potential dangers in combat environments (Smith et al., 2018). While having a cynical perspective may create cohesion among servicemembers in military training and combat situations, it may lead to relationship deterioration with family members and cause alienation in a civilian environment such as workforce, health-care utilization, and social relationships (Smith et al., 2018). Interpersonal conflicts and lack of social support have been predictors for homelessness over the past several decades; whereas, increased social support has been shown to increase stability and quality of life (Giano et al., 2020; Weber et al., 2017). Therefore, the influence that social relationships and interactions have at the interpersonal level can have a significant impact on an individual's health and well-being.

Organizational Level

The organizational level, sometimes referred to as the institutional level of the SEM, can play a key role in the interventions for public health issues. This level of the SEM is particularly important because it is at the center of the interactions between the individual and public policy, as in, changes that take place at the community and public policy levels for the individual is usually at the organizational level. The organizational level also includes faith institutions and other non-profit organizations. This sector of the community has been an instrumental in providing resources for the homeless population. Many faith institutions provide meals and spiritual guidance for those in need. Spiritual

beliefs can give purpose to life and positively influence coping skills and quality of life for these individuals (Mollica et al., 2017). Religious coping may also reduce perceived pain levels and help an individual build a relationship with themselves in the state they are in with their physical and mental conditions (Krederdt-Araujo et al., 2019). Spirituality is also associated with resilience in homeless veterans, and poor resilience is a contributing factor to this population's ability to remain self-sustaining (Greenberg et al., 2018). Therefore, the impact that faith institutions and other non-profit organizations had on the homeless population at the organizational level was significant for their well-being.

Community Level

The community level, which also has organizational factors, represents the coalition of organizations, institutions, and other community networks that collaborate to promote public health. Some aspects of this level overlap with the organizational level of the SEM; however, this level is more about the essence and broader view of how these factors work together. An example of this would be healthcare intervention programs for mental illness that also enlist nonhealthcare entities, such as nonprofit organizations (Castillo et al., 2019). As it relates to homelessness, this level would consist of how various housing programs are designed and how they are executed to include the transitions into housing and also the structural logistics of the housing (Brothers et al., 2020). The integration of services for homeless programs at both city and local levels are sometimes required for successful outcomes (Cusack et al., 2021). This level also overlaps with the policy level and by what means they are implemented. It is important to

understand the multiple interactive factors that is involved in creating and designing programs for reducing homelessness (Brothers et al., 2020). Community can be used to describe a group of people within a fixed geographical area, those with shared religious beliefs, political and social views, a specific racial-ethnic or age group, or common job careers (Goodman et al., 2014).

The concept of community health has become increasing prevalent for health education and promotion practice in public health (Goodman et al., 2014). Both personal (intrapersonal) and community-level factors are commonly associated with unsheltered homelessness among veterans (Kertesz et al., 2021). The community level of the SEM can also include the physical environment of a geographical area. The infrastructure for means of transportation and public safety are vital components for individuals being able to access needed heath care (National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division, 2017). For example, poorly designed and inadequately maintained transportation services causes there to be higher cost and longer commutes for individuals within the community. Furthermore, when a built environment is in disrepair or is unsafe, this leads to limited social networks, stress, and unhealthy behaviors (National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division, 2017). This type of environmental disparity at the community level can be a hindrance for individuals obtaining health services and also maintaining employment and can therefore have an impact on the risk for homelessness.

Homelessness is a public health issue because this population is at a higher risk of having communicable and non-communicable diseases, multiple comorbidities, and

higher mortality rates (Weber et al., 2017). The ongoing issue of homelessness among veterans is a health issue for them, a burden on taxpayers, as well as an issue for the overall health of the community. Some community leaders also have concerns about the monetary cost as well as required public services that are associated with this community health issue. The monetary costs and required public services include encounters with emergency medical services, police encounters, and jail time (Landrieu, 2017).

Since homelessness has such a significant impact on the community, it is reasonable that the involvement of community-based interventions would be essential for determining the effective means for addressing this issue. Cheezum et al. (2019) used the SEM to provide a better understanding of the factors that impact the health of chronic homeless individuals by using Photovoice. This study showed that changes at the community level has a vital impact on the homeless. For instance, closed businesses and lack of community services and resources had a negative effect on this vulnerable population that led to stress and health disparities (Cheezum et al., 2019). Castillo et al. (2019) also used the SEM to understand the role of community intervention in addressing and promoting mental health and social equality. For the homeless sector, the focus was on several programs that had been implemented at various levels of the SEM and they found that interventions at the community level were more productive. More specifically for the homeless and mental health interventions, multi-sector collaborative care and prevention services were successful, (Castillo et al., 2019).

Decreasing the rate of homelessness among veterans also decreases the cost of healthcare and other related expenses for this population. Veterans are more likely to

have complex physical medical conditions than the general population (Weber et al., 2017). Additionally, they are at a greater risk of having social and mental health comorbidities than nonveterans (Weber et al., 2017). This results in more emergency room visits which causes a strain on the healthcare system economically and also the healthcare personnel (Weber et al., 2020). Although veterans had more access to the healthcare and health-related resources through the Veterans Health Administration (VHA), only 40% of veterans that were eligible were actually registered to use these programs (Weber et al., 2020). Homeless veterans frequently used the emergency rooms for incidences that would be more appropriately addressed in a clinic setting (Castillo et al., 2019). Transportation barriers at the community level and social support at the interpersonal level may contribute to more accessibility for using other resources such as primary care providers (Carver et al., 2020). This is why it is important for multiple organizations at this level to collaborate together in order to have an impact on public health for both the individual and the community.

Public Policy Level

The public policy level includes policies and laws at the local, state, and national level. This can directly impact education, economics conditions, housing, and urban planning. Local laws on the tolerance for homelessness, as well as the manner in which these laws are enforced, could impact this vulnerable population. Although this level of the SEM is the most distant, policies and laws can have an effect on the condition of their lives and therefore, influence how individuals develop (Gilstrap & Zierten, 2021). It is at the policy level that the collaboration between the individual with other entities can have

a significant impact for issues such as promoting safety and protection (Kilanowski, J. F. (2017). However, in some instances, policies may become restrictive to the point of creating barriers for obtaining needed resources.

For veterans, some of the regulations and policies cause barriers for receiving healthcare and other benefits. For example, some programs require veterans to be clean and sober before being housed (Gruenewald et al., 2018). Other barriers would include the lack of medical care and activities of daily living (ADL) support in housing settings (Gruenewald et al., 2018). Metraux, et al. (2017) discussed the veteran's path from military service to homelessness from their accounts and experiences. They discovered that homelessness was not always directly related to military service and that veterans had a tough time in obtaining VA housing assistance. Additionally, even though veterans had contact with the VA, they found it difficult and challenging to navigate the system on how to acquire the benefits of obtaining housing (Metraux et al., 2017). There was a need for policies in homeless programs to integrate primary care and mental health services as well as training for case managers in these areas in order to increase supported housing retention (Gabrielian et al., 2018). At the organizational level, regulations for requiring veterans to come into a facility to obtain benefits, may be challenging for them. Also, the policies for requiring sobriety and for the veteran to come into the facility may discourage them from using benefits.

Military Culture

Culture is a collection of behavioral patterns and beliefs and can affect an individual's decisions for their behaviors (Patton, 2015). It should be noted that culture

may not necessarily be synonymous with a particular race or ethnicity. Moreover, culture can have an impact on self-efficacy, which is a vital factor for an individual to change their behaviors (Davis & Resnicow, 2012). The military has its own unique traditions, terms and lingo, custom, and guidelines for behavior that may not be commonly understood by non-military civilians and families. For example, the Army values are loyalty, duty, respect, selfless service, honor, integrity, and personal courage (US Army Basic, n.d.). Military servicemembers are expected to adhere to these values and a collectivist nature that becomes part of a military culture (Powell & Mullen, 2019).

Furthermore, a significant percentage of enlisted members of the military are recruited during their late teens or early adulthood years when their psychological, biological, and social development is pliable (Smith et al., 2018). The idea of focusing on the mission, instead of the individual, causes servicemembers to "embrace a powerful sense of purpose and develop deep bonds with others while serving" (Powell & Mullen, 2019, para. 2). Many servicemembers that are active duty or deployed, view the military as their family that has taken care of one another as well as provided a structural environment for them. Instinctive training that is necessary for survival in military training may create cynical beliefs (Smith et al., 2018). It could be argued that cynical beliefs that are influenced by military culture lead to mistrust in both personal relationships and employee-employer relations (Smith et al., 2018). The alienation of returning to civilian life may be the results of the veteran feeling a disconnect from family and friends, lack of structure, and loss of purpose. Another aspect of military culture is that seeking help is often perceived as a sign of weakness and lack of self-

efficacy. The culture of the military is not conducive for asking for help for mental illnesses (Ganz et al., 2021). Servicemembers are expected to “tough it out” when faced with adversity. Mental illness may be perceived as malingering by superiors which could hinder a servicemember from receiving adequate help. This may lead to them to trying to self-treat or self-medicate which often results in substance misuse (Ganz et al., 2021). For veterans, substance use was found to be the biggest predictor of housing loss, followed by PTSD and mental illness (Giano et al., 2020). Events from military service and socioenvironmental factors may contribute to substance abuse among the homeless veteran population (Sestito et al., 2017). Homeless veterans are at a greater risk of having substance abuse issues as well as physical and mental disabilities than nonveteran homeless adults (Weber et al., 2017). Therefore, since many veterans struggle with mental disorders, it is essential to understand how military cultural influences them and affects their individual behaviors.

Mental Disorders and Homelessness

It is commonly known that mental disorders have an impact on the trajectory path to homelessness. Gabrielian (2017) found that there is a need for homeless programs to integrate mental health care services and mental health training for case managers in order to increase supported housing retention rates. Although it is recognized that there is a high prevalence of substance abuse and mental health issues among the homeless, these issues often go untreated in homeless adults (Kaplan et al., 2019). While mental disorders may increase the probability of homelessness among all adult population, the majority of veterans have experienced some level of interpersonal trauma which has been linked to

mental disorders and are therefore at a greater risk of experiencing housing instability (Macia et al., 2021). Additionally, co-occurring disorders, such as physical limitations from personal injuries and substance abuse, can have a significant impact on the overall wellbeing of veterans with mental disorders (Ding et al. 2018). Homeless veterans are at a greater risk of having physical illness, mental illness, and substance abuse issues (Weber et al., 2017). While mental disorders affect the path to homelessness at all levels of society, interventions at the community level of the SEM have been shown to be effective for mental health interventions for the homeless population and that multi-sector collaborative care and prevention services have been successful in promoting health and social equality (Castillo et al., 2019). Therefore, addressing mental disorders is imperative in prevention and intervention programs for reducing the homelessness among veterans.

Barriers for Accessing VA Benefits

Although accessing VA benefits is an arduous process for most veterans, those with multiple comorbidities may find this issue even more challenging. There are benefits through the VA, as well as other organizations, that are not being used by homeless veterans or those at risk of becoming homeless. For example, the U.S. Department of Housing and Urban Development-VA Supportive Housing has provided vouchers to help more than 78,000 veterans and their families find and obtain permanent housing (U.S. Department of Veteran Affairs, 2019). In 2009, Secretary of Veterans Affairs Eric K. Shinseki vowed to end homelessness among veterans within five years. This plan included getting current homeless veterans off the streets as well as preventing future

cases of homelessness among this population. The following features were included in his comprehensive plan: A new Post-9/11 Bill for college degrees, collaborating with the Small Business Administration and General Services Administration for enhancing competitiveness for creating employment for veterans, increasing spending for homeless programs, properly diagnosing mental health issues, partnering with community organizations and the Department of Housing and Urban Development for providing permanent housing (U.S. Department of Veterans Affairs, 2009). Despite these efforts and millions of dollars being spent over the past decade, homelessness among veterans remains a public health concern (National Alliance to End Homelessness, 2020).

Often times, confounding factors veterans have may prevent them from obtaining benefits. Many veterans have to contend with both physical and mental comorbidities as well as social issues that have been linked to their homeless status. Veterans that are homeless are more likely to have hepatic diseases and psychiatric disorders, such as substance abuse and schizophrenia, than veterans that are not homeless. Furthermore, many of these conditions are chronic and multifactorial (Weber, Lee & Martsolf, 2017). The path to homelessness is a gradual process. Many homeless veterans have been through significant mental challenges and do not have a strong social support network (Giano et al., 2020). At the organizational level, regulations for requiring veterans to come into a facility to obtain benefits, may be challenging for them. They may not use the resources available to them due to transportation issues at the community level. The policies for requiring sobriety and for the veteran to come into the facility may also discourage them from using benefits (Carver et al., 2020).

Veterans and Loss of Purpose

Loss of purpose post separation from the military may be a significant factor for homeless veterans. The cascades of events that lead to homelessness among veterans often includes unmet psychiatric needs as a common denominator. Military veterans often have a tough time transitioning and reconnecting to a "normal" civilian life post deployment or separation from the military. Some of the overarching themes for the difficulties in this transition that have been revealed are "military as family, normal is alien, and searching for a new normal" (Ahern, et al., 2015, p 13). Many servicemembers that are active duty or deployed view the military as their family that has taken care of one another as well as provided a structural environment. Homeless veterans are more likely to report poor social support and to be unmarried (Kertesz et al., 2021). The alienation of returning to civilian life may be the results of the veteran feeling a disconnect from family and friends, lack of structure, and loss of purpose. Selfless service is a value that is part of the military culture and personal identification of servicemembers. This means putting the welfare of others, such as peers, the military, and the nation, before one's own needs (Ganz et al., 2021). Once they are no longer in the military, there may be a void and a sense of lack of purpose as they begin to search for a new normal.

Although these transitional struggles may lessen over time, the mental and psychiatric trauma from this transition may result in compounding events that spiral out of control and lead to drastic behavioral changes, such as substance abuse. A majority of veterans that are homeless have reported a history of substance abuse (Ding et al., 2018).

Substance use is often used as a coping mechanism for both social stressors and mental illnesses (Sestito et al., 2017). In turn, substance use for social stressors and mental illnesses has been a significant factor in the pathway to homelessness (Metraux et al., 2017). In their search for a new normal, having support from other veteran peers, as well as helping other veterans with similar adjustments, may be beneficial for adapting to a civilian lifestyle. Many veterans feel that they do not deserve support from military institutions, such as the Department of Veterans Affairs (VA), or that the military did not provide needed resources (Ahern et al., 2015). They may feel socially isolated as they adapt to their new identity (Ganz et al., 2021). Having peer support and connections with others that may have gone through the same transitions can lessen the feeling that they are no longer needed and create a sense of purpose and connectedness (Ganz et al., 2021). Another significant factor that should be considered for servicemembers having a sense of purpose post separation from the military is lack of dependents. While it has been established that many veterans suffer from loss of purpose after separating from the military and that the majority of homeless veterans do not have families or dependents, it has not been confirmed whether or not having dependents creates a sense of purpose and therefore decreases the risk of becoming homeless.

Summary and Conclusions

The disproportionate number of homeless military veterans in the United States continues to be an imperative public health concern that has an impact on our society. Using the SEM as a theoretical framework, I was able to explore and analyze how the

interrelations at various levels of societal factors influence some veterans on their path to becoming homeless.

Although aspects of the veterans at the intrapersonal level may have the greatest influence on their behaviors, homelessness is a multifaceted issue that is also impacted by interpersonal, organizational, community, and public policy factors. I was able to describe how the military has its own cultural traditions that affect the servicemember's behaviors and how they react to certain circumstances. One aspect of military culture, cynical beliefs, may be a result of the instinctive training that is required for survival. Cynicism may hinder relationships outside of the military that results in isolation from friends and family as well as a lack of stability and employment. Furthermore, military culture may discourage servicemembers from asking for help when they are struggling with mental disorders.

I also highlighted the prevalence of mental disorders among veterans and how this has been shown to be a leading factor among veterans that are homeless. This type of barrier may hinder them from being able to navigate the VA system and may also complicate their ability to maintain close social relationships. The physical and mental comorbidities, along with the lack of social support during their transition from active military service to civilian lifestyle, can result in a feeling of loss of purpose for these veterans. I also noted that many homeless veterans are classified as single or without family. While it is not known if lack of dependents may contribute to loss of purpose for veterans with mental disabilities, this is an area that should be researched and analyzed. In Chapter 3, I further discuss my choice for a basic interpretive qualitative approach as

my specific research design. In this next chapter, I analyze my research question using the SEM as my framework and state my rational for using this approach.

Chapter 3: Research Method

The purpose of this qualitative study was to explore and describe how individual and interpersonal barriers, organizational structure, community factors, and existing policies for assistance are perceived by support staff who work with veterans with mental disorders who are homeless or at risk of becoming homeless. This study involved gaining a better understanding of experiences that veterans facing homelessness have when confronted with choosing whether or not to access available benefits from United States VA programs and other sources. Additionally, I explain how having dependents affects veterans with mental health disorders in terms of coping with loss of purpose after separating from the military. This research involved addressing what impact having dependents has on loss of purpose for veterans with mental disorders, best practices for educating servicemembers about benefits during military separation briefings, and barriers to accessing benefits for veterans with mental disorders. In this chapter, I discuss the research design, my role as a researcher, the methodology that I used, and measures taken to ensure trustworthiness of research.

Research Design and Rationale

The study is designed to examine experiences that homeless veterans have involving obtaining benefits using a basic interpretive qualitative approach. In qualitative research, there are a number of approaches that can be used depending on the goals and purpose of the study. There is more than one way to approach a qualitative inquiry, and each framework has its own distinct characteristics. These distinctions can be the disciplinary roots, the focus of the research questions, and sources of data. In addition,

there is certain key words or terminologies that are specific to each approach (Patton, 2015). Regardless of the approach that is chosen, the problem, purpose, significance, and research questions must all align with the theoretical framework (Grant & Osanloo, 2014). After a careful analysis of case studies, ethnography, phenomenology, grounded theory, general or basic qualitative inquiry, narrative, and participant observer designs, I determined that the basic qualitative inquiry was most suitable for my study. This approach is often used for qualitative research that does not involve more specific designs.

My purpose for understanding the perceptions and experiences of military veterans that are homeless best fits with this design. Additionally, the basic qualitative inquiry approach aligns with the theoretical framework of the social ecological model (Bronfenbrenner, 2000). The basic qualitative design has disciplinary roots in many of the human science Primary sources of data can be observations and interviews that are not necessarily firsthand account from participants who experienced the phenomenon. I chose to use the basic interpretive qualitative approach because it most closely aligned with the goal of obtaining data about this topic from individuals other than the veterans themselves.

My plan for gathering data involved interviews with participants who were in contact with homeless veterans on a regular basis and had a deep understanding of their individual perceptions. Other approaches such as the phenomenological research design were not appropriate because it required me to describe lived experiences of a phenomenon from individual perspectives (Creswell & Creswell, 2018). Although the

phenomenological approach has been often used for gaining knowledge about individual perspectives of military service members returning from active duty as well as separating from the military and how they interpret similar life events, my plan for gathering data was not directly from the veterans and therefore did not align with this approach.

The central focus of the research questions related to the basic interpretive qualitative approach is the perceptions of an individual or a population on an experience, how individuals or populations make meaning of a phenomenon, and how an experience or phenomena affect behaviors (Cantu & Gomba, 2018). The Primary sources of data are interviews with both individuals and groups, observations, arts and artifacts, and documentation (Cantu & Gomba, 2018). Causes which contribute to homelessness among veterans are multifaceted and therefore, should be explored thorough the interrelationship of societal factors of influences. Research questions involved understanding how individual and interpersonal barriers, community factors, organizational structure, and existing policies are perceived by veterans who are homeless or at risk of becoming homeless.

RQ1: How do support staff who work with homeless veterans perceive lack of dependents as contributing to loss of purpose for homeless veterans with mental disorders?

RQ2: How do support staff who work with homeless veterans perceive barriers and challenges that homeless veteran with mental disorders experience when attempting to access benefits?

SQ1: What types of changes do support staff who work with homeless veterans with mental disabilities perceive as best practices for accessing benefits?

RQ3: How do support staff who work with homeless veterans perceive rules and regulation required by VA public polices in terms of preventing veterans with mental disabilities from using resources that are available to them?

Role of the Researcher

In qualitative studies, the role of the researcher is vital to results and outcomes. The researcher is the human instrument who is responsible for collecting data which is representative of participants in a nonbiased manner (Simon, n.d.). In order to understand and interpret this information, research should be designed in a way that appropriately communicates experiences and observations. Since the researcher is usually the one who facilitates interviews, it is imperative that they can obtain deep, rich, and individualized data involving participants' experiences and related phenomena (Ravitch & Carl, 2016). The researcher is also responsible for creating and understanding goals of the study (Ravitch & Carl, 2016).

My role included facilitating semistructured interviews with individuals who were in contact with homeless veterans on a regular basis and had a deep understanding of their individual perceptions. This involved interviews with staff who work at VA facilities and charity organizations staff that provide resources to general homeless populations in their community. The role of a researcher involves ensuring data are appropriately collected, analyzed, and interpreted. As a veteran, I have witnessed challenges and barriers that veterans face daily that may contribute to them not using

resources available through the VA. The homeless veteran population face other challenges that the average adult homeless population may not have experienced (Metraux et al., 39 2017).

As a researcher, I conducted interviews, then I confirmed that information obtained from those interviews was transcribed and summarized in a way that led to clear and convincing answers to my research questions (Rubin & Rubin, 2012). Findings from data collection should be transferable or replicable in other contexts, settings, or groups, and should also be consistent and free of biases (Menard, 2009). Although I did not interview or collect data directly from homeless veterans, I had to be mindful of potential biases and ensure that my personal opinions and assumptions did not conflict with actual data that I collected as a qualitative researcher. One means for minimizing biases is having participants review interview results. Also, triangulation in qualitative research may minimize the risk of biases (Tracy, 2010). Therefore, being mindful of potential risk of biases and using purposeful methodology helped me maintain objectivity during data collection. Another potential issue that I addressed was that one of the VA staff that I interviewed is related to me by spouse. I addressed this by ensuring that the interview was conducted in a professional manner within a professional setting that would be appropriate for any VA staff member. Therefore, this did not become a conflict of interest or ethical issue.

Methodology

To address the gap in literature and gain a deeper understanding about my research questions, the methodology used for this study was a basic interpretive

qualitative approach. One of the key tools for gathering data in qualitative research is interviewing. Responsive interviewing is an effective means for gaining in-depth information about experiences and phenomena (Rubin & Rubin, 2012). Creating the plan for conducting interviews takes preparation and practice. For this research, my strategy included a plan for participant selection, designing instruments used for interviewing, and determining how data were analyzed.

Participant Selection Logic

In qualitative research, the sampling types used for the participant selection process depends on the approach that will be used. The inclusion and exclusion criteria for the participant selection process must align with the purpose of the study, the focus of the research questions, and also how the data will be collected (Patton, 2015). Additionally, inclusion criteria consider geographic, clinical, and demographic characteristics (Patino & Ferreira, 2018). While exclusion for participants would be those that do not fit into the inclusion specifics, it could also be those that are most likely to not participant or follow-up, as well as those that would be a greater risk of providing inaccurate information (Patino & Ferreira, 2018).

For my interviews, I initially had three purposefully selected sites and individuals that I planned to use. Two were specific to individuals that work at VA facilities. The other was from a charity organization that provides resources to the general homeless population in their community. Their community also has a high rate of homeless veterans. I ended up scheduling five interviews. Three were from VA facilities and two were from charity organizations. I decided to continue with the other two interviews so

that the data would be more trustworthy and to improve triangulation of the research. Due to the protocol related to the current COVID-19 pandemic, the methods for conducting the interviews were through video conference using the Zoom platform. I followed the safety guidelines recommended by Walden University. Furthermore, I adhered to the ethical codes and guidelines that must be followed to ensure integrity (Ravitch & Carl, 2016). Sample size of participants in qualitative research varies significantly depending on the scope of the research, the topic, and the type of design that is being used. Although twelve interviews are commonly used as a general criterion, this may not always be the case. The key is for the researcher to reach data saturation. Data saturation is when no new data is being discovered (Mason, 2010). Although I planned to only interview three participants, I understood that this number of interviews may not produce saturation. Therefore, I continued to interview until I was sure that the interviewees were no longer presenting a different perspective of the matter (Rubin & Rubin, 2012).

Instrumentation

Instrumentation is the tools used for data collection. The most effective instrument is dependent upon the methods used and the goals of the research. Although I used published documentation for my research, I considered interviewing to be the most effective means for obtaining more in-depth information from the perception and observation of targeted individuals that are in contact with homeless veterans on a regular basis. Interviewing is a way for the researcher to reconstruct events that they have not experienced. This data collection tool is used to systematically extrapolate the thought process of the participants to gain deeper insights of the topic (Rubin & Rubin, 2012).

There are several types of interviews that may be used in gathering data. They may be classified as structured, semistructured, or unstructured. Semistructured interviews are commonly used in qualitative research (Burkholder et al., 2017). It should also be determined if the interviews will be individual or group interviews (Burkholder et al., 2017). I decided to facilitate individual semistructured interviews.

I used an interview guide (Appendix A) developed from questions that have been previously used for this type of research as a guideline; however, the interview questions were modified to align with my research questions and theoretical framework. Questions in this type of research should be open-ended and followed up by a nondirective probe in qualitative interviewing (Patton, 2015). Rubin and Rubin (2012) states that to obtain rich data in responsive interviewing for research questions, the interview questions should be created around the main questions, then follow-up questions, and also probes. Ordinary language that is appropriate for the interviewee should be used and academic jargon should be avoided (Rubin & Rubin, 2012). Since I was using the SEM, my interview questions focused on the five-level ecological framework of this model. I built from my research questions to develop the interview questions for my research.

For my interview questions (see Appendix A), I had main questions that were specific to my research questions prepared, then I also used follow-up questions on the themes and concepts. Probes were used to further clarify and explore the participant's responses (Burkholder et al., 2017). Probes are also used to keep the interview on topic as well as gather any missing information (Rubin & Rubin, 2012).

Procedures for Recruitment, Participation, and Data Collection

In qualitative research, the sampling types used for the participant selection process depends on the approach that will be used. The steps for alignment in qualitative research are to first determine the purpose of the study, next focus on the questions that will be used, then define what data will be collected, and finally, determine the criteria for the participant selection process (Patton, 2015). For my research interviews, I had five purposefully selected sites and individuals that I used. Three were specific to individuals that work at VA facilities. The other two were from charity organizations that provides resources to the general homeless population in their community. The methods for conducting the interviews were through video conference due to Covid-19 safety procedures. I used the Zoom platform for this process.

Prior to beginning the recruitment process for interviews, I first obtained IRB approval for the participants and the sites where the interviews were to be conducted. I did not interview homeless veterans because it would raise ethical concerns and require extensive IRB approval since they are a vulnerable population. For the VA facilities, since I would have needed to obtain approval from the VA's Central IRB, I did not contact them through their professional emails or phones. I contacted them through their personal emails and on their person time to adhere to IRB requirements. I had documented informed consent forms (see Appendix B) from the interviewees and the data will be securely stored for five years following the interview. The interviews with the VA staff were scheduled after normal business hours and was conducted through Zoom due to Covid-19 restrictions. They were audio recorded and notes were taken. I

was the facilitator of these interviews. Following the interviews, the participants were debriefed, and I explained to them that once the data from the interview was transcribed, I would send them a copy of their answers for their approval to ensure the integrity of the data. The participants reviewed the summary of their responses and confirmed my interpretation of the intent of their responses.

Data Analysis Plan

Instrumentation or tools used for measuring or analyzing data can impact results of research. Data analysis is the systematic process of categorizing information gathered during research that includes first cycle descriptive and cycle coding, second cycle patterns, and memos. Once the data has been coded, there are commonalities that can be identified and grouped together into categories. From these categories and coding, common patterns can be identified either through inductive or deductive coding which generates themes (Mills et al., 2010). Although there are several methods for data analysis that can be used, I determined that I would use Microsoft Excel. This data analysis tool has been shown to be valuable in organizing data in a meaningful way for qualitative research (Meyer & Avery, 2009). Using this format, I was able to organize the transcripts from the participants of my interviews into codes, categories, and themes through 1st and 2nd cycle coding (Saldaña, 2016). Having a visual of the codes and concepts that develops from the responses helped me create and connect the emerging themes (Chermack, n.d.). Coding is a descriptive way of describing data by labeling and organizing. Whether the researcher chooses to use hand coding or a qualitative data analysis software (QDA), this process should be done systematically (Ravitch & Carl,

2016). I choose the use Dedoose QDA as a tool for creating charts and graphs. There are benefits to both options and the choice depends on the researcher's goals and resources. Excel spreadsheet is a systematic method for hand coding data in qualitative research. This method is flexible and can be adapted and refined to the researcher's goals. Hand coding may be more applicable when the researcher has a limited amount of data and wants to get more intimate with that data (Mayfield, 2017). Excel spreadsheet was the more beneficial tool for my research. Once the content from the interviews was added to the spreadsheet, then I started the 1st cycle coding process. I looked for descriptive terms in the interviewee's answers and then looked for more of the concepts of their answers. Once the 1st cycle coding was complete, I began the 2nd cycle coding process. In the 2nd cycle patterns I looked for similar sets, themes and concepts of the answers given by the participants. This type of analysis helped me develop major themes from the data (Saldaña, 2016). Having a visual of the codes and concepts that developed from the responses helped me create and connect the emerging themes (Chermack, n.d.).

Once I identified the themes from the interviews, I analyzed my research question to ensure that there was an alignment between them. In other words, I confirm that the themes answered my research question. Although this type of coding can be time consuming to format the questions using the spreadsheet, I chose to do this by hand since I had only five interviews. An alternative to hand coding is to use qualitative data analysis (QDA) software. QDA software is designed to help the researcher with time management, organizing, and data storage. I also used the Dedoose QDA. However, I found it to be just as time-consuming to understand how the program worked and ended

up using mostly Excel. There are advantages to both Excel and the QDA software programs, such as Dedoose, depending on the amount of data is used.

Issues of Trustworthiness

In order for qualitative research to be validated as creditable to making positive social change, it must follow criterial guidelines to determine trustworthiness and quality. The research problem should be justified, grounded, original, and amenable to scientific study (Walden University, 2015). Trustworthy resources must have credibility, transferability, dependability, confirmability, and must follow ethical procedures (Menard, 2009). One strategy that is commonly used as an approach for determining trustworthiness is triangulation and participant validation (Frey, 2018). According to Shenton (2004), researchers can ensure work is creditable by using established research methods, becoming familiar with the culture of the participants and organizations, and by using triangulation. The researcher can become familiar with the culture of the participants or organization by building rapport or a relationship with the research participants or the gatekeepers of a research site (Ravitch & Carl, 2016). An example of triangulation would be collecting data from multiple sources and using various methods for validity. For my research, I have done background work on the facilities that I used before contacting them and requesting the interviews.

Credibility

For research to be considered credible, the data should be rich and have multiple contributing sources for obtaining that data. Two significant techniques for ensuring that the data is credible is to have triangulation and participant validation. Triangulation

enhances the validity of the research by analyzing different perspectives of phenomenon to form rich and robust findings (Ravitch & Carl, 2016). This can come from using different methods of gathering data, gathering data from various sources, having more than one person analyze the data, or by using different theoretical approaches to the research (Ravitch & Carl, 2016). The second technique for establishing credibility in qualitative research is participant validation which is a process the researcher uses at various stages of the research (Ravitch & Carl, 2016). In my effort to confirm credibility and produce a rigorous study, I included both triangulation and participant validation in my research process. For triangulation, my data was from multiple sources which includes interviews from staff members that work at different VA facilities and interviews from individuals that works at a charity organization. Additionally, I compared my findings to other studies that have been done with homeless veterans. For the interviews that I facilitated, I audio recorded the interviews. I went back and listened to the interviews in a different setting form the original interview. Furthermore, I used probes and follow-up questions to have the participants restate their response. Once the interviews were complete and the data had been transcribed, I again contacted the interviewees to have them verify that their responses align with their perspectives. Once the participants verified the accuracy of their responses, the data was then authenticated as credible.

Transferability

Trustworthy research should be transferable. This can be achieved by providing clear detailed procedures, context, and participants used for finding to consistent and be

able to be repeated by other researchers (Shenton, 2004). The finding from data collections should be transferable or able to be replicated in other contexts, setting or groups and should also be consistent and free of biases (Menard, 2009). To understand and interpret this information, research should be designed in a way that appropriately communicates experiences and observations. It is important that the researcher understand influences such as cultural differences and biases that may affect or limit how information is communicated as well as not letting their own biases limit how this information is communicated (Bhattacharya, 2013). The procedures should be defined with a "thick description" of the contextual factors of the participants and their responses (Ravitch & Carl, 2016). It should also be noted that while detailed information is needed to create transferability in research, the identity and personal privacy of the participants should be protected. Precise records of the process of gaining data as well as the setting and relevance to the participants to the research should be accurately described (Ravitch & Carl, 2016). For my data, I was able to detail the interview questions, setting, background of the participants, and other information the is needed for data to be transferable without compromising the privacy of the participants.

Dependability

For qualitative research to be dependable, it must be reliable and replicable (Tracy, 2010). Details of how the data is collected and the procedures used makes research more dependable. This can be achieved by providing clear details of procedures, context, and participants used for finding to be consistent and be able to be repeated by other researchers over time (Shenton, 2004). One strategy for creating dependability is

having an external audit of the data. Also, the interview questions should be prescreened and well- articulated. Another aspect of dependability in qualitative research is using the appropriate method for answering the research questions (Ravitch & Carl, 2016). I ensured the dependability in my research by using a solid research design and by having my research questions approved by my dissertation committee and other Walden faculty (Ravitch & Carl, 2016).

Confirmability

Research that is confirmable is not subjective to the researcher's biases and opinions. The findings should be based on the participant's perspective of the phenomena. Reflexivity in an effective strategy for establishing confirmability (Ravitch & Carl, 2016). It is the obligation of the researcher to be actively aware of personal influences that may hinder the outcome of the results. Clarifying the participant's responses in an interview and keeping a journal to note any personal feelings related to the interviewee's responses can guide the researcher in their role of being reflective. As the researcher, I recognized the potential of my firsthand experiences as a veteran and how it may influence the analysis of my data. I was aware of these potential biases and checked by approach before and after each interview to minimize any issues.

Ethical Procedures

In addition to triangulation and participant validation, there are ethical consideration for obtaining data in qualitative research. All participants should be assured that their privacy is being protected and that their personal information will not be exposed. Because the researcher spends more time with participants, they need to be

aware of the vulnerability of their position and avoid boundary crossing that could be potentially harmful to either themselves or the participant (Given, 2008). Some of the guidelines in place for ensuring an ethical approach to this type of research include informed consent forms, institutional review boards (IRB) and ethics committees (Ravitch & Carl, 2016). One possible ethical dilemma that may arise when conducting research for public health issues is a breach of privacy. A breach of privacy could lead to negative actions taken against the participant. Therefore, it is recommended that any research conducted should be voluntary and have the informed consent of the participants. A consent form can be used to inform the participants how their involvement will be used and documented (Burkholder, Cox & Crawford, 2016).

IRBs and ethics committees in universities help ensure that the research conducted by students does not harm the participants in any way and that the researcher has their welfare in mind (Ravitch & Carl, 2016). Ethical and legal principles are especially crucial for vulnerable populations. This may include disguising certain aspects of the research to protect the participant's identity, such as changing the names used, and omitting certain details that are not essential to the research (American Psychological Association, 2020). HIPAA laws should also be followed. In any qualitative data collection, obtaining consent forms (Appendix B) and having clear communication with the participants as to how their dialogue from the interviews will be used is imperative for maintaining ethical standards and building trust with those participants. The Institutional Review Board (IRB) can help minimize the risk of unethical actions when planning the design of a qualitative study (Babbie, 2017). In order to adhere to Walden

University’s ethical requirements, I submitted Form A and Form C to the ethics committee. Once the IRB has approved my proposal, I used the research ethics planning worksheet to prevent any ethical issues. The research procedures ensured the privacy of the participants during the data collection and that the data will be stored securely for 5 years following the interviews. I have disclosed that one of the staff members that I interviewed is a relative of my spouse and how I minimized any potential ethical issues or conflict of interest related to that interview. Additionally, a consent form (Appendix B) was sent to potential interview participants. I obtained consent from each participant prior to facilitating any interviews. Qualitative research requires developing personal relationships with participants; therefore, the researcher must engage in practices that follows ethical principles throughout the various phases of the research to protect themselves and the rights, dignity, confidentiality, and worth of the participants. Although specific strategies and particular philosophical underpinnings may apply depending on the topic and goal of the research, all qualitative research should have credibility, transferability, dependability, confirmability to be not only trustworthy but also ethical.

Summary

In this chapter, I discussed my rationale for using a basic interpretive qualitative research design and the data collection method of semi-structured interviews based on my research goals and purpose as well as previous research. I stated my research questions and my role as the researcher in terms of appropriately collecting, analyzing, and interpreting those questions in a nonbiased manner. I addressed any potential conflicts of

interest and how I was able to minimize biases. Furthermore, I described how I addressed ethical considerations and trustworthiness by using triangulation and participant validation. In Chapter 4, I provide a detailed review of the study and results.

Chapter 4: Results

The purpose of this qualitative study was to gain an understanding of factors that lead to homelessness among veterans. The study was specifically focused on the impact that having dependents has on individuals overcoming barriers and accessing benefits that are available to them. For this basic qualitative inquiry, I engaged in interviews with both United States VA personnel and staff at charity homeless organization who work closely with veterans and other individuals who are homeless or at risk of becoming homeless to gain their perspective. My interview questions related to the research questions of my theoretical framework and the Social Ecological Model (SEM). I used the following research questions:

RQ1: How do support staff who work with homeless veterans perceive lack of dependents as contributing to loss of purpose for homeless veterans with mental disorders?

RQ2: How do support staff who work with homeless veterans perceive barriers and challenges that homeless veteran with mental disorders experience when attempting to access benefits?

SQ1: What types of changes do support staff who work with homeless veterans with mental disabilities perceive as best practices for accessing benefits?

RQ3: How do support staff who work with homeless veterans perceive rules and regulation required by VA public polices in terms of preventing veterans with mental disabilities from using resources that are available to them?

Participants were asked the following questions:

Q1 (intrapersonal): Describe the characteristics of the most memorable veteran or homeless individual with whom you have worked. What made this person so memorable?

Q2 (interpersonal): Tell me about a particular veteran or homeless individual who had limited social support. How do you believe their situation would have been different if they had more or less support?

Q2-1 (Subquestion): How does loss of purpose affect veterans who were separating from the military?

Q2-2 (Subquestion): Based on your perception, what impact does having dependents have on whether or not a veteran or homeless individual reaches out for help or uses VA benefits?

Q3 (Institutional/Organizational): How do rules and regulations required by the VA or this facility prevent veterans or homeless individuals from using resources available to them?

Q4 (Community): What are the perceived barriers in the community described by veterans or homeless individuals that hinder them from using resources available to them?

Q5 (Public Policy): What have been some of the local, state, and national laws and policies that have prevented veterans or homeless individuals from obtaining access to healthcare services and benefits?

Q5-1 (Subquestion): What are some changes that you perceive as best practices that could be made to help veterans with mental disabilities and homeless individuals access benefits?

This chapter includes details and research tools that were used in gathering data for this study. I define the setting and demographics of participants. Then I describe the process of how data were collected and details of how it was recorded. Furthermore, I discuss how data were analyzed. This chapter also includes evidence of trustworthiness and results of my findings.

Settings

Research was conducted through semistructured interviews using Zoom. Due to COVID restrictions and IRB requirements, all communications were carried out electronically. In order to follow IRB instructions, the VA personnel that I interviewed were contacted through their personal emails and on their personal time. Participants were located in the Augusta, GA and Dallas, TX areas. All guidelines required by the IRB were strictly followed and there were no unusual circumstances encountered during the data collection process.

Participant Demographics

This study includes five participants who were either VA personnel or staff at a charity homeless organization. All participants worked with populations that were seeking help for their current situations. Three of the VA personnel currently worked or had retired from various positions within the VA system. P3 was a telehealth psychologist for a PTSD clinic and had previously worked in a VA domiciliary, which

provides residential rehabilitation services for veterans (see Appendix E). P1 worked as a transitional case manager (see Appendix C). P5 was retired and had worked both at the VA hospital and regional office for the Veterans Benefits Administration (see Appendix G).

I also interviewed two individuals who worked for charity organizations in the homeless community. Although they did not work exclusively with veterans, they both had frequently dealt with homeless veterans and had knowledge about this population. P4 was a licensed professional counselor associate at a homeless shelter that provides a working program for transitional housing (see Appendix F). P2 was the pastor of a church that sponsors a homeless ministry that provides a safe place for individuals to have a meal, sing, share stories, and share in a time of spiritual guidance and prayer on a weekly basis (see Appendix D; see Table 1).

Table 1

Description of Participants

Participants	**Facility Location**
P1: Works for VA as a transitional case manager for veterans coming off of active duty for either medical discharge or retirement.	Veterans Affairs in Dallas, TX area
P2: Pastor of church that sponsors homeless ministry.	Homeless Ministry in Augusta, GA area
P3: Works for VA as a licensed telehealth psychologist for a PTSD clinic.	Veterans Affairs in Augusta, GA area
P4: Licensed Professional Counselor Associate (LPCA) at homeless shelter that provides working program for transitional housing.	Homeless Shelter in Dallas, TX area
P5: Before retiring, worked at VA Hospital for a period of time then moved to working at the regional office for VBA (Veterans Benefit Administration)	Veterans Affairs in Dallas, TX area

Data Collection

For data collection, five participants were purposefully selected and contacted by email. Three participants worked with the VA and two participants worked with homeless charity organizations. All IRB requirements and protocol were followed. VA personnel were contacted through their personal emails, and all correspondence and interviews were conducted on their personal time and not during VA working hours. Once I received informed consent emails back from each participant, I scheduled Zoom meetings and emailed them personalized links for interviews. Five individual semistructured interviews were conducted via Zoom between June 14 and June 28, 2022. Interviews lasted between 25 and 60 minutes. Although interview questions were somewhat modified for those who worked for the VA and homeless charity organizations, all participants were asked the same basic questions as they related the five-level ecological framework to my research questions (see Table 2).

Table 2

Description of Populations that Participants Assisted

Participants Background	Who they assisted	Facility
P1: Works for VA as a transitional case manager for veterans coming off of active duty for either medical discharge or retirement. Works in the Dallas, TX area.	Assists veterans with psychological or social psychosocial problem in managing their welfare when they require that sort of transition from active duty over to civilian living. Normally has 45-60 veterans at any given time. The veterans are eligible for VA benefits.	Veterans Affairs

P2: Pastor of church that sponsors homeless ministry. Started as a "celebrate recovery" type ministry and has evolved into a safe place for individuals to come have a meal, sing, share stories, and share in a time of spiritual guidance and prayer on a weekly basis.	Assist those in the local community that are in need. Provides spiritual mentoring, financial assistance, and food for those that are in immediate need and the chronic homeless. Often has veterans participate in ministry.	Homeless Ministry
P3: Works for VA as a licensed telehealth psychologist for a PTSD clinic.	Assist veterans that have been diagnosed with post-traumatic stress disorder (PTSD). The veterans are eligible for VA benefits. Previously worked with population that was from VA Domiciliary.	Veterans Affairs
P4: Licensed Professional Counselor Associate (LPCA) at homeless shelter that provides working program for transitional housing.	Assist individuals that are homeless and are eligible for their transitional housing program. The program is a comprehensive homeless program that helps willing people gain dignity and independence. Often has veterans participate in the program.	Homeless Shelter
P5: Before retiring, I worked at VA Hospital for a period of time then moved to working at the regional office for VBA (Veterans Benefit Administration)	While working at VA Hospital, I came in contact with a lot of homeless veterans that were there for routine appointments. Did not have as much direct contact with the veteran at VBA. Dealt more with processing forms that were needed for receiving compensation at VBA.	Veterans Affairs

Questions were open-ended and followed up by nondirective probe questions when appropriate. Interviews were recorded on Zoom and included a file for the video of the shared screen video, an audio only file, and a closed caption file. At the end of each interview, I asked for any additional information they would like to share about factors leading to homelessness. Then I thanked the participants for their time and informed that

I would be sending a follow-up email with a summary of their answers for review. Following the interviews, I reviewed the files and created a brief summary from each participant. The summary was then emailed to the participants for their review to ensure that there were no discrepancies or any changes that should be made to their answers. Additionally, I stated that I would be sending them a $20 gift card for their participation.

Data Analysis

The data from the individual semistructured interviews was analyzed through a systematic process using Microsoft Excel and Dedoose, which is a qualitative data analysis software program. This process included transcribing, summarizing, organizing, coding, and developing emerging themes. I first revised any incorrect script from the closed caption transcription of the interviews and summarized the responses that were relevant to my research questions. Once the summaries were verified for accuracy and intent by the participants, I was able to begin the coding process. First, I organized and manually coded all interview summaries into a Microsoft Excel worksheet. I then was able to decipher 1st cycle codes for each response from the participants. This helped me proceed to the next steps of the analysis process.

After the 1st cycle coding was complete, I was able to transfer these codes on to an Excel worksheet to begin the 2nd cycle patterns and look for similar categories and themes. This gave me a visual of the patterns that were developing from my data. I used the Dedoose software for storing the recording and transcripts of the interviews.

Additionally, I was able to input codes and descriptors into this program to develop charts and tables for my themes.

Although my participants worked in various departments within the VA system and others worked for homeless charities, there was no discrepant cases. Many of the participants gave remarkably similar responses that was conducive for developing themes. Table 3 displays the emerging themes from the main interview questions. These themes will be discussed in more detail in the Results section of this chapter.

Table 3

Themes from Interview Questions in Alignment with the SEM

Research Question	1st Cycle Descriptive (Codes)	Themes
RQ1 ***Intrapersonal***: Describe the characteristics of the most memorable homeless veteran with whom you've worked. What made this person so memorable?	Characteristics	Most have some type of mental disorder or substance abuse disorders.
Sub Question: What impact does loss of purpose have on an individual?	Loss of purpose	There is a significant impact of loss of purpose and understanding the meaning of life for young veterans that have separated from the military.
RQ2 ***Interpersonal***: Tell me about a particular veteran or homeless individual that had limited social support? How do you believe their situation would have been different if they had more/less support?	Social support	Although social support is imperative for those with mental disorders, these issues often lead to isolation from others. Many experience distrust in the VA and other people in general.

Sub Question: What impact does having dependents have on a person reaching out for help?	Impact of having dependents	Having dependents makes a person have more resilience and motivation to work through their hardships to better themselves for the sake of others that are depending on them.
RQ3 ***Institutional***: How do rules and regulations required by the facility prevent the homeless from using resources available to them?	Rules and regulations	Those that really want to better themselves are willing to meet the criteria and overcome barriers.
RQ4 ***Community***: What are the perceived barriers in the community described by veterans or the homeless that hinder them from using resources available to them?	Barriers from accessing benefits	Lack of knowledge and perception about eligibility inhibits individuals from seeking benefits (need advocacy).
RQ5 ***Public Policy***: What have been some of the local, state, and national laws and policies that have impacted veterans from obtaining access to healthcare services and benefits?	Impact of laws and policies	There are no significant negative impacts from policies that prevent those seeking help.

Evidence of Trustworthiness

Credibility

In order to establish credibility of the data in this research, triangulation and participant validation were used. Triangulation was achieved by interviewing individuals with different perspectives about why homeless veterans do not use the resources available to them. I interviewed three personnel with different areas of expertise within the VA system. They also worked in different regions of the United States. Then, I also wanted to get the perspective of personnel that worked directly with the general adult

homeless population. These two participants were also from different states within the United States.

Following the interviews, I created a summary of each interview from the audio recording and closed caption transcript. Each participant's summary was emailed to them for member checking and participant validation. I did this to ensure that I had not misinterpreted their responses due to my personal biases. The participants confirmed the accuracy of their responses to authenticate the data as credible.

Transferability

In the data plan for this research, I provided a clear and detailed procedure for collecting and analyzing data for it to be transferable and repeated by other researchers. Although the personal privacy of the participants is confidential, I have shared the role that they played and described their level of expertise on the subject. Precise records of the setting, participant selection, and data description have been documented to reveal transferability.

Dependability

Clear details of the procedures, context, and participants used was recorded so that the process could be repeated by other researchers. I used a solid research design and a theoretical model that have been used in similar research. I had my interview questions approved by my committee and made sure that they were relevant to the purpose and research questions of the study. Therefore, the data for this research should be reliable and replicable.

Confirmability

The confirmability of the research in this study is evident in presentation of the participant's perspective of the phenomena. Once again, I had each participant review a summary of their responses so that it was confirmed that I did not misinterpret their answers based on my personal biases. Furthermore, I was aware of my role as the researcher to ensure that I avoided personal biases in the way that I asked the interview questions. I reflected before and after each interview about how the questions were presented and what probing and follow up questions were asked. I was able to implement the strategies that I described in my research analysis plan.

Results from Findings

The purpose of this study was to gain an understanding of the factors at the various levels of society that lead to homelessness among veterans. The research questions aligned with the intrapersonal, interpersonal, institutional, community, and public policy levels of the SEM. The participants were asked basic demographic questions about the populations that they worked with on a regular basis. Then I led into the core questions about their perspective of factors that contributed to homelessness. The findings have been organized by the research questions for the study and then by emerging themes based on the levels of the SEM and the sub questions that have resulted from the interview questions that were asked of the participants.

RQ1

Demographics

The demographic questions that the participants were asked were based on the population that they currently worked with and included both veterans and homeless individuals. Participants were asked about the age, marital status, housing stability, VA eligibility, and whether they had dependents. The ages, marital status and housing stability varied among the populations. The participants that worked for VA stated that the veterans they worked with were eligible for benefits. The participants that worked for homeless organizations stated that they did have veterans that they worked with but did not know if they were eligible for VA benefits. All participants stated that the majority of those that they worked with did have dependents for which they were responsible. This was a key factor considering that the populations that they worked with were reaching out for help whether it be from seeking VA benefits or seeking help at homeless organizations.

Intrapersonal Level

For the intrapersonal level, participants were asked to describe the characteristics of the most memorable veteran or homeless individual with whom they had worked and what made this person so memorable. An emerging theme for this question was that most have some type of mental disorder or substance abuse disorders. Several of the participants from both the veteran and homeless sector described the people that they work with are one of two types, those that just want a handout and those that need help.

Some other common characteristics of individuals were that they had anger issues and a distrust of others.

Interpersonal Level

The interpersonal level of the SEM refers to the people that have a direct influence on an individual's social identity and support. To get the participants' perspective of how this level of influence affected an individual's willingness to reach out for help, I ask them to tell me about a particular veteran or homeless individual that had limited social support and how they believed their situation would have been different if they would have had more/less support. The emerging theme that was developed about social support was that although it [social support] is imperative for those with mental disorders, these issues often cause them to become isolated from others. In other words, their mental disorders caused conflict in their relationships with others and inhibited them from having the social support that they needed. Some of the responses that I received from this question were "mental illnesses can affect the difficulties of living exponentially and affects their relationships" (P1), "many have little social support or conflict in their relationships" (P3), and "many have been ostracized from their family and have little social support" (P2). To further understand the impact that this level of society has on an individual, I asked the participants sub questions pertaining to "loss of purpose" and the "impact of having dependents."

Loss of Purpose

The participants that worked for VA were asked about their perspective of how loss of purpose affected veterans that were separating from the military. P3, who works

with veterans who have been diagnosed with PTSD, stated that they often struggle with purposelessness and meaning of life and are therefore at a high risk of suicide. P2, who worked at a homeless organization, stated that one particular individual that was successful in finding purpose had a life-changing experience with God and was able to overcome his addictions. He has made it a personal mission to help others that are struggling with addictions to find purpose as well. P1 that works as a transition case manager for VA stated that loss of purpose had a significant impact on especially the younger veterans that were separating from the military. These responses led into how dependents having affected those that were searching for meaning in life.

Having Dependents

When researching the causes of homelessness among veterans, I found research that had been done on veterans suffering from loss of purpose; however, I did not find any information that addressed whether having dependents affects how veterans dealt with these issues. I asked all the participants about their perception of how dependents having affected an individual's willingness to reach out for help and if they would be more likely to overcome barriers if they had others depending on them for support (see Table 4). The emerging theme from all participants for this question was "having dependents makes a person have more resilience and motivation to work through their hardships to better themselves for the sake of others that are depending on them."

Table 4

Impact of Dependents

What is your perception of how having dependents affects an individual's willingness to reach out for help and do you think they would be more likely to overcome barriers if they had others depending on them for support?	
Responses of Participants	**1st Cycle Concept**
P1: Yes, having dependents can have an impact on whether a person gets help. An example is Vet B. She had a teenage daughter that she was responsible for providing a place to live. In her case, she found success because she had motivation to do so. She was willing to work through her fears and anxieties to follow a structure that improved her life as opposed to taking the easy street. This is something that all personnel in this arena should be cognitive of in determining if you are dealing with a person that wants to be helped or someone that may just have ulterior motives	Having dependents can be motivation for veterans working through barriers to improve their life.
P2: Having dependents is an incentive for people to get help. Not wanting to let someone else down can make a person willing to go through tremendous hardships and make difficult choices. If someone knows that someone else is depending on them, they would be far more likely to try to remedy a bad situation. However, there are individuals that have such strong addictions that they would even neglect their children. In these cases, they must be free of their addiction before they can really care for others. For the most part, those that are in a temporary situation would be more willing to do what it takes to get out [of bad situation] when they have others that are dependent on them versus someone that does not have dependents.	Having dependents is an incentive to work through hardships to keep from letting someone else down. Exceptions to this would be when there are severe addictions.
P3: Can help their financial situation. Can get financial reimbursement from caregiver support program. It can potentially motivate people to access resources. Having children is often cited as "reason for living" and prevents them from harming themselves. However, having children can be a barrier if they cannot bring them to appointments, etc.	Children can be resilience factor and provide meaning for living. Financial benefits.
P4: If they have dependents, they are usually looking out for their dependents and try harder to figure out their situation and how to better themselves. Sometimes a person may not be able to get in the program, but they still want their partner or kids to get in so that they will be taken care of. They will be more willing to do whatever it takes to help their dependents. They are more likely to reach out because it isn't just about themselves, especially with the veteran population.	Try harder to better themselves when they have dependents. Especially veterans are more likely to reach out for help if they have dependents.

P5: Yes, it could have an impact in more than one way. For one, there are more benefits for veterans when they do have dependents. This includes educational benefits as well as financial benefits for dependents. Then also, having dependents would cause them to want to reach out to get help for the sake of their dependents. When they have no one that they can count on, then they have no purpose.	Could cause them to reach out for help if they had dependents that gave them purpose. More financial benefits if they have children.

This is significant in that having dependents can provide purpose for not only veterans transitioning from active duty to a civilian lifestyle but also those in other aspects of life. P3 that worked with veterans that had PTDS stated that “having children is often cited as a ‘reason for living’ and prevents them from harming themselves.” P1 shared a story of one of the veterans he had worked with that had severe anxiety issues and was at the point of becoming homeless. She had a teenage daughter that she was responsible for providing a place to live. In her case, she found success because she was motivated to do so. She was willing to “work through her fears and anxieties to follow a structure that improved her life as opposed to taking the easy street” (see Table 5).

Table 5

Emerging Concepts from Participants on Impact of Dependents

Participants Background	Emerging Concept	Facility
P1: Works for VA as a transitional case manager for veterans coming off active duty for either medical discharge or retirement. Works in the Dallas, TX area.	Having dependents can be motivation for veterans working through barriers to improve their life.	Veterans Affairs

P2: Pastor of church that sponsors homeless ministry. Started as a “celebrate recovery” type ministry and has evolved into a safe place for individuals to come have a meal, sing, share stories, and share in a time of spiritual guidance and prayer on a weekly basis.	Having dependents is an incentive to work through hardships to keep from letting someone else down. Exceptions to this would be when there are severe addictions.	Homeless Ministry
P3: Works for VA as a licensed telehealth psychologist for a PTSD clinic.	Financial benefits. Children can be resilience factor and provide meaning for living.	Veterans Affairs
P4: Licensed Professional Counselor Associate (LPCA) at homeless shelter that provides working program for transitional housing.	Try harder to better themselves when they have dependents. Especially veterans are more likely to reach out for help if they have dependents.	Homeless Shelter
P5: Before retiring, I worked at VA Hospital for a period of time then moved to working at the regional office for VBA (Veterans Benefit Administration)	More benefits if they had dependents. Could cause them to reach out for help if they had dependents that gave them purpose.	Veterans Affairs

Organizational/Institutional Level

Participants at both the VA and homeless facilities stated that there were criteria that was required at their organizations. For example, one of the homeless shelters required individuals to be sober, obey curfew, and be willing to work in order to use the resources that they provided. Some VA programs have a policy that veterans will be removed from the program if they miss three appointments. However, the theme that emerged from this topic was that those that really want to better themselves are willing to meet these criteria and overcome barriers. It was also noted that those that had others depending on them were more likely to overcomes these barriers.

RQ2

Community

The participants were asked about potential barriers at their facility at the community level that may prevent individuals from accessing benefits. Lack of knowledge and perception about eligibility inhibits veterans and the homeless from seeking benefits (need for advocacy) was an emerging theme for this question. It was noted that transportation and parking are less of an issue than in the past. One nonconforming case about transportation was that one of the homeless organizations did not have public transportation or proper sidewalks available in the area and this had been a hardship and a safety issue for individuals at the facility.

Best Practices

At the end of the interviews, participants were asked about best practices and changes that need to be made to address homelessness among veterans. It was stated that many individuals that are homeless or at risk of becoming homeless have mental illnesses that can lead to trust issues. Social support can help them navigate the process for those that want to get help. Having a community effort of several organizations working together can have a positive impact on this social issue. The emerging theme for understanding best practices was that there is a need for advocacy to help individuals understand their resources and also a need for organizations to collaborate at the community level to ensure better outcomes for veterans with mental disorders and also the homeless population in general.

RQ3

Public Policy

At the public policy level, there were no significant negative impacts from policies that prevent those seeking help. The only exception was that one participant (P4) that was a Licensed Professional Counselor Associate at a homeless shelter stated that her license did not transfer across state lines. This means that if a veteran moved to another state, they may have to find another counselor and start over. Overall, results showed that there has been a lot of progress at the federal level for making benefits more accessible to veterans and that state and local policies were supportive of homeless organizations.

Summary

Each of the research questions for this study was addressed during individual interviews with VA personnel and staff who worked at homeless organizations. Although participants worked with different populations that ranged from veterans who were just separating from the military to individuals who lived on the streets, they all stated that having dependents had a significant impact on whether or not they were willing to overcome barriers to improve their own wellbeing for the sake of those who depended on them. Having dependents can give meaning for those veterans who are suffering from loss of purpose. There are many benefits available to veterans with mental disabilities who are willing to put forth the effort and meet criteria for rules and regulations that the VA requires. There is a great need for advocacy and organizations to work together so that individuals with mental disorders are able to access benefits they need and minimize risks of becoming homeless. Emerging themes from this research show that although

there are barriers that may be a hindrance for veterans obtaining benefits, veterans who had dependents were more likely to be willing to work through their personal issues to get the help they needed. Therefore, results in this study confirm that many individuals will overcome barriers to improve their own wellbeing when they are personally responsible for others' wellbeing and living conditions.

Chapter 5: Discussion, Conclusions, and Recommendations

In this study, I explored factors that lead to homelessness among veterans and why they do not access benefits that are available to them. Often, veterans lose their sense of purpose after separating from the military and struggle with the meaning of life. The Department of Veteran's Affairs (VA) has made attempts to end veteran homelessness by providing resources and benefits to veterans; however, if they do not have a purpose to maintain and improve their own welfare, they may not be motivated to use these resources and end up homeless.

Homelessness is both a social and health concern (Sestito et al., 2017). The Social Ecological Model (SEM) was used to understand the effects of this multifaceted issue. Findings of my basic qualitative study aligned with previously documented literature and data. Many individuals who are homeless have mental health issues and lack social support. Collaborative community efforts can have a greater positive impact than providing housing alone. A significant finding that had not been previously studied was that having dependents can lead to greater tenacity for individuals and cause them to find meaning to life that is greater than just themselves. This chapter includes interpretations of findings and how they aligned with peer-reviewed literature that was discussed in Chapter 2. I also discuss limitations of the study, recommendations, and how results of the study can lead to positive social change for homeless veteran populations.

Interpretations of the Findings

Findings support the key concepts from peer-reviewed literature and data involving factors that relates to veterans not using resources that are available to them.

Some concepts that were researched included intrapersonal, interpersonal, institutional, community, and public policy factors. Additionally, factors related to military culture, mental disorders, barriers to accessing benefits, and loss of purpose were explored.

Intrapersonal Level

By using the SEM, I was able to explore factors in order to address my research questions and then compare them to previous studies. All participants revealed that many veterans and homeless individuals have mental disorders and substance abuse disorders. P1 and P3 said this is often a result of mental and physical trauma they experienced while in the military. This aligns with previous studies that showed that poor resilience may be the result of combat and psychological trauma that veterans experience, which is a contributing factor to homeless veterans' ability to remain self-sustaining (Greenberg et al., 2018). Veterans are at a greater risk of having both physical and mental illnesses compared to nonveterans, and these issues often go untreated (Kaplan et al., 2019; Weber et al., 2017). These issues had a strong effect on homeless outcomes (Giano et al., 2020). Personal characteristics and biological makeup at the intrapersonal level have a strong influence on individuals seeking help.

Interpersonal Level

McLeroy et al. (1988) described social networks as having a significant impact on how a person copes with stress and seeks and obtains treatment for health issues, as well as their perspectives towards alcohol and drug use. Smith et al. (2018) described poor interpersonal relationships as having a detrimental effect on a person's mental health. Social support can be disrupted due to lose of job, or in the case of veterans, separation

from the military (Cheezum et al., 2019). The research from previous studies is remarkably similar to my findings that related to both veterans and homeless individuals. Analysis from data I obtained from interviews revealed that although social support is imperative for those with mental disorders, these issues often lead to isolation from others. Many experience distrust in the VA and other people in general. P2 said having social support is a critical element for being able to make positive changes. The family structure is an essential part of social support for the survival of individuals in our society (Behere, 2017). Unfortunately, the family structure has become less prevalent in today's society and this breakdown of family structure may lead to loss of purpose.

Institutional Level

Data from findings revealed that there are certain criteria at the institutional level of the SEM that must be met to receive benefits. Homeless shelters require sobriety and curfews, and the VA requires screening measures and attendance of appointments. Gruenewald et al. (2018) also discussed the requirements of sobriety by VA and other programs, and Metraux, et al. (2017) said veterans have a challenging time navigating the VA system and obtaining VA housing assistance. P3 said some VA programs require veterans to be homeless (not just at risk of being homeless) before they can receive certain benefits. However, prevention and shortening periods of homelessness may have more positive long-term effects. While my findings did confirm requirements and barriers for obtaining benefits at the institutional level with previous literature, my findings also revealed that those who genuinely want to better themselves are willing to meet criteria and overcome barriers that are required. One of the motivating factors for these

individuals was having dependents for whom they were responsible. Additionally, veterans have trust issues with others as well as with the VA system (Gruenewald et al., 2018). P2, P3, and P5 confirmed that trust issues with the VA were a barrier that hindered veterans from getting help.

Another aspect of the institutional level of the SEM is the spiritual facet. Spiritual beliefs can give purpose to life and positively influence coping skills and quality of life for individuals (Mollica et al., 2017). Krederdt-Araujo et al. (2019) said religious coping may reduce perceived pain levels and help individuals build a relationship with themselves in the state they are in with their physical and mental conditions. This was confirmed by several examples in my research given by P2 (a minister for a homeless ministry). One instance P2 described was about an individual who was an alcoholic, lost his family, and ended up living in a cardboard box on the streets. He got connected with a faith-based institution that had a homeless ministry. Through this ministry, he had a life-changing experience with God, has now been sober for 30 years, and dedicated his life to helping others who are homeless. My findings related to both VA and homeless institutions confirmed previous literature and also revealed that those who had the motivation and willingness were successful in overcoming obstacles.

Community Level

Previous literature showed that institutions and organizations that collaborated at the community level of the SEM had a positive impact on homeless populations. Castillo et al. (2019) said multisector collaborative care and prevention services at the community level was productive, specifically for homeless and mental health interventions.

Integration of services for homeless programs at both city and local levels are sometimes required for successful outcomes (Cusack et al., 2021). P1 stated that the VA has successfully collaborated with other local organizations to help veterans receive benefits that help them avoid homelessness. Additionally, according to P2, P4, and P5, there is a need for advocacy to educate and assist homeless individuals in finding various resources within the community.

Public Policy Level

Although public policies can be a barrier to veterans and homeless individuals accessing benefits, an analysis of findings from my research revealed that this level of the SEM does not have a major negative influence on these populations. It was stated by P1and P5 that there has been a considerable effort from VA and local policymakers in making benefits more accessible. For the homeless in the community, city governments are aware of the homeless issues and had put forth a big effort for these concerns (P2 and P4). P2 also stated that while no one knows specifically how to address the problem, there is a willingness to put funds into doing something to improve the issue. Findings were terribly similar for how public policies affect veterans that are homeless or at risk of becoming homeless. Some of the prior issues have been addresses and VA has gone to great lengths at the federal level to make benefits more accessible for the veteran.

Mental Disorders and Military Culture

Although military culture was researched in previous literature to gain a better understanding about veterans' individual behaviors, this concept was not specifically explored nor addressed during the interviews and analytic process of the data collection.

However, mental disorders and how they affect veterans at the distinct levels of society was addressed in detail. Many veterans and homeless individuals have mental disabilities that can affect how they interact with others (Macia et al., 2021; Kaplan et al., 2019). According to all of the participants that I interviewed, most of the people (veterans and homeless individuals) that they worked with had some type of mental disorder, which strongly confirmed this concept. It was also reinforced that mental disorders can hinder their social support at the interpersonal level and can also be a barrier for navigating the VA system (P1, P3, and P5). According to Giano et al. (2020), veterans with mental disorders need a strong social support network to help them in obtaining benefits and accessing resources; however, my finding showed that many veterans and homeless individuals with mental disabilities are disconnected from social support because of trauma symptoms. They are irritable with a lot of conflict in their relationships and tend to push others away.

Impact of Having Dependents

Moreover, using the SEM as my theoretical framework helped me explore factors of homelessness among veterans that had not been researched before. Previous research confirmed many of the same factors that my data revealed such as veterans experiencing loss of purpose after separating from the military and the importance of social support for veterans with mental disorders (Ahern et al., 2015; Cheezum et al., 2019). To expand upon these factors, this research focused on the role that *veterans having dependents* plays in them reaching out for help and overcoming barriers. All participants in this study emphasized that having dependents had a significant impact on an individual seeking

help and in their perseverance for bettering themselves. P1stated that many younger veterans that are medically discharged and reentering into the civilian side suffer from loss of purpose. They do not have the same structure and they often have a demanding time finding a job. When there are mental illnesses present, it is beneficial to have social support to help navigate through the process and that having dependents can have an impact on whether a person gets help.

According to P2, having dependents is an incentive for people to get help. Not wanting to let someone else down can make a person willing to go through tremendous hardships and make difficult choices. If a person knows that someone else is depending on them, they would be far more likely to try to remedy an unpleasant situation. P3 that worked with veterans that had been diagnosed with PTSD said that she has found that a lot of veterans struggle with purposelessness in finding meaning of life, but their children or a spouse that is dependent upon them are resiliency factors that can be used to foster them in treatment and to keep them motivated. She also said that having children is often cited as “reason for living” and prevents them [veterans with PTSD] from harming themselves. Findings from P4 revealed that if an individual has dependents, they are usually looking out for their dependents and try harder to figure out their situation and how to better themselves. In other words, they will be more willing to do whatever it takes to help their dependents and are more likely to reach out because it is not just about themselves, especially with the veteran population. Finally, P5 confirmed these finding by stating that having dependents could cause veterans to want to reach out to get help for the sake of their dependents. When they have no one that they can count on, then they

have no purpose. These findings supported my assumption that veterans with mental disorders that do not have dependents have a more tough time transitioning from being a military servicemember to a civilian than those that have dependents that gives them a sense of purpose.

Limitations of the Study

Some of the limitations of the study that could have influenced the outcomes was that the VA personnel that were interviewed worked specifically with veterans with mental disorders, there was a small sample size, and that information was not obtained directly from the veterans. Additionally, I was restricted to contacting VA personnel through their personal emails and on their personal time. This may have limited my access to other VA personnel that could have provided an unfamiliar perspective. However, I also interviewed staff from homeless organizations to gain a perspective from other sources and I was able to attain saturation of data. This likewise helped me achieve triangulation and participant validation. The other limitation of this study was that it was conducted during COVID restrictions, and all interviews were conducted through Zoom instead of in-person.

Recommendations

Emerging themes that were revealed in this study illuminated the need for education and increasing an awareness about the influence that having dependents has on veterans using benefits available to them. According to the research findings, having dependents makes a person have more resilience and motivation to work through their hardships to better themselves for the sake of others that are depending on them. The

implications at all levels of the SEM are making a conscious effort to include this factor in developing programs. Moreover, health education and promotion professionals could use findings from this study in designing programs for decreasing homelessness among veterans. Having an awareness about of loss of purpose, especially for those without dependents, post military duty could help the military in their planning for the debriefings that servicemembers must attend when separating from active duty.

The participants that I interviewed for my research illuminated the positive influences and hope that the nuclear family has on an individual's willingness to persevere through hardships to seek help. Although it is beyond the scope of this study, the decline of traditional family structures in the United States may be a potential factor for the increase in homelessness.

Other populations whose behaviors may be affected by having dependents would include inmates and convicts. Additional areas that could be further studied are other key influences and activities that can be used to provide a sense of purpose for those that do not have dependents.

Implications

To make a positive social change for communities and populations, research should be conducted in a systematic way that results in trustworthy and reliable data. For this research topic of homeless veterans, qualitative research was the most applicable choice for gaining a deeper understanding of the factors related to veterans not using resources available to them when they are at risk of becoming homeless. Positive social change is taking actions that affect other's lives for the better. This usually begins with

observing a need then applying learned skills and expanding networks in order to take actions that results in positive changes for those that need it (Walden University, 2015). As a social research problem, social change can start with something exceedingly small and grow into an intervention that that serves the community and affects many lives (Topper, 2014). Creating positive social change for the homeless veteran population will not only result in improvements for the individual veterans, it can also have a positive impact on the communities as well.

Research from this study determined that having dependents may be a resiliency factor for veterans with mental disabilities that are suffering from lose of purpose after separating from the military. This data may be used to assist future programs designed for veterans that are at risk of becoming homeless. As a health care and promotion professional, it is important to advocate for making a difference at all levels of society. In addition to factors, such as substance abuse disorders, social support, and the need for advocacy, findings from this research shows that a lack of dependents may also contribute to a person's loss of purpose and unwillingness to better themselves. Educating those that assist veterans with mental disabilities about this factor could begin to have an influence on the approach they use in their assistance and eventually have a positive social impact on this population.

Conclusions

The goal of this study was to expand upon previous research that had been done on factors related to homeless veterans not using the resources available to them, and to also reveal any additional aspects that had not been studied that may have an impact on

positive social change for this population. The issues of homelessness among veterans have continued to grow despite a considerable effort from VA and other organizations. Many individuals that are homeless or at risk of becoming homeless have mental disorders and substance abuse disorders. As a result of these disorders, they often lack social support and experience purposelessness for the meaning of their lives. Those that have dependents may be more likely find purpose and meaning for their lives and are therefore willing to face their challenges in overcoming barriers at the institutional and community levels to provide for their dependents. While previous research and my findings confirm that there are facets at various levels of society that contribute to homelessness among veterans, this study emphasizes that veterans without dependents may need more support in finding a purpose in life than those that do have dependents. Moreover, individuals will maintain or improve their own well-being, such as physical health, mental health, and living conditions, when they are solely responsible for other individual's welfare.

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Appendix A: Interview Guide

Introduction:

Hello, my name is Sheryl Williams. I am a doctoral candidate with Walden University. I am conducting research on homeless veterans. The purpose for my research is to understand your perspective about possible factors that contribute to homeless veterans with mental health disorders not using the benefits available to them. First, I would like to thank for your time in helping me conduct this interview. It should take about 45-60 minutes. I will audio record this interview as well as take notes as we go through the questions. You should know that any of your personal identity features will not be used in this research and that your participation is voluntary, and you may end this interview at any time. Do you have any questions?

Demographic Questions:

Let's begin with demographic questions about the general population of veterans at this facility.

- What age group are they?
- Are they married or divorced?
- Do they have children?
- Are they eligible for benefits?
- Before coming to this facility, did they have a job or did they come from another facility?
- How long have they been in an unstable housing situation?

<table>
<tr><td colspan="2">Now, I will ask you a series of questions about your perception of their experiences and feelings toward obtaining help through VA while being in an unsheltered situation. These questions will focus on possible barriers and interrelations at various societal levels that may influence some veterans on their path to becoming homeless</td></tr>
<tr><td>Research Questions:
RQ1. How do support staff that work with homeless veterans perceive lack of dependents at the interpersonal level as contributing to loss of purpose for veterans that are homeless or at risk of becoming homeless?</td><td>Interview Questions:
1. Describe the characteristics of the most memorable homeless veteran with whom you've worked. What made this person so memorable?
2. Tell me about a homeless veteran who had limited social support. How do you believe their situation would have been different if they had more/less support?</td></tr>
<tr><td>RQ2. What perceived barriers and challenges do veterans that are homeless or at risk of becoming homeless experience at the community level when attempting to access benefits
Sub RQ2. What type of changes do support staff that work with homeless veterans</td><td>3. What are the barriers in the community, described by veterans, that hinder them from using resources available to them?
Probes: If you could change one thing about homeless veterans' access to services, what would it be?</td></tr>
</table>

with mental disabilities perceive as best practice for accessing benefits?	4. How do rules and regulations required by the VA prevent veterans from using resources available to them?
RQ3: How do support staff that work with homeless veterans perceive rules and regulation required by VA's public polices in preventing veterans from using resources that are available to them?	5. What has been some of the local, state, national, and global laws and policies that have impacted veterans from health and access to healthcare services, restrictive policies? Probe: Give me an example of a time when a policy or practice prevented you from being able to get a veteran connected with stable housing Additional General Probes: 1. Can you tell me more about…? 2. Can we go back to …? 3. Can you repeat what you just said about …? 4. What did you mean …? 5. Would you explain …?

Appendix B: Consent Form

You are invited to take part in a research study about how the individual and interpersonal barriers, community factors, organizational structure, and existing policies for assistance are perceived by support staff that work with veterans with mental disorders that are homeless or at risk of becoming homeless.
This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study seeks at least 3 volunteers who are:

- Individuals that are in contact, at a professional level, with veterans that are homeless or at risk of becoming homeless.
  OR
- Individuals from a charity organization that provides resources to the general homeless population in their community with high rates of homeless veterans.

This study is being conducted by a researcher named Sheryl Williams who is a doctoral candidate at Walden University.

Study Purpose:
The purpose of this study is to explore and describe how the individual and interpersonal barriers, community factors, organizational structure, and existing policies for assistance are perceived by support staff that work with veterans with mental disorders that are homeless or at risk of becoming homeless.

Procedures:
This study will involve you completing the following steps:

- Agreeing to participate in a Zoom meeting for an interview and having the interview audio recorded.
- Answering questions honestly to the best of your ability.
- Being available to provide feedback of my interpretation of the interview once data has been analyzed.
- The estimated time required for your participation would be about one hour for the interview (through Zoom). Following the interview, data will be analyzed, and I will send you an email with my interpretation of your responses to ensure accuracy and your intent of your responses.

Here are some sample questions:

- Describe the characteristics of the most memorable homeless veteran with whom you've worked. What made this person so memorable?
- Tell me about a homeless veteran who had limited social support. How do you believe their situation would have been different if they had more/less support?

- What are the barriers in the community described by veterans that hinder them from using resources available to them?
- How do rules and regulations required by the VA prevent veterans from using resources available to them?
- What has been some of the local, state, national, and global laws and policies that have impacted veterans from health and access to healthcare services, restrictive policies?

Voluntary Nature of the Study:
Research should only be done with those who freely volunteer. So, everyone involved will respect your decision to join or not.
If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this study could involve some risk of the minor discomforts that can be encountered in daily life such as sharing sensitive information. With the protections in place, this study would pose minimal risk to your wellbeing.

This study offers no direct benefits to individual volunteers. The aim of this study is to gather data that identifies contributing factors for homeless veterans. Based upon this data, the intention will be to design and implement programs to prevent homelessness among the veteran communities. Once the analysis is complete, the researcher will share the overall results by publishing dissertation. A concise summary of my findings will be sent to you by email once the research is complete and dissertation is published.

Payment:
All participants will receive a $20 gift card by mail following the interview.

Privacy:
The researcher is required to protect your privacy. Your identity will be kept stored securely within the limits of the law. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifiers so this would not involve another round of obtaining informed consent. Data will be kept secure by being stored on biometric locked laptop. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You can ask questions of the researcher by emailing her at Sheryl.william2@waldenu.edu. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research

Participant Advocate at 612-312-1210. Walden University's approval number for this study is **05-06-22-0736558**. It expires on **May 5, 2023.**

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Obtaining Your Consent

If you feel you understand the study and wish to volunteer, please indicate your consent by signing below and retuning to researcher by email at Sheryl.williams2@waldenu.edu or you may respond to the email with the words "I consent".

Printed Name of Participant and Date of Consent -

____

Participant's Signature

____

Researcher's Signature

____

Appendix C: Summary of Interview with P1

Background of Interviewee:

Currently works for VA as a transitional case manager for veterans coming off of active duty for either medical discharge or retirement. Assists those with psychological or social psychosocial
problem in managing their welfare when they require that sort of transition from active duty over to civilian living. Normally has between 45-60 veterans at a time.

Demographics

Eligibility for Benefits: Yes, they are eligible for VA benefits. They must be screened to determine whether they are eligible for transitional case manager. It is a benefit that is afforded to them and for the most part they accept the invitation to work with us; however, they know they can always decline service.

Age Range: There are a few that have done their 20 plus years of active duty, but most are retiring for medical reasons. The majority are in their 20s to mid-30s.

Marital Status: Probably around 50/50.

Dependents: Majority do have someone that is depending on them for their support (either children and/or a spouse).

Unstable Housing Situation: Many are in a precarious housing situation and do not have the resources to easily transition from one place to another.

Research Questions

Characteristics of memorable veteran (Intrapersonal): There are two types of individuals that receive care [benefits] from VA. First are those that are interested mainly in financial or other benefits. Then there are those that pursue mental health services and they are a bit more hesitant perhaps because of sigma or just because of it being a more uncomfortable experience. Those seeking mental services tend to be less pursuant of those services than those that are trying to seek services that would afford them financial benefits.

One particular veteran (Vet *A*) that had moved through several case managers that had become exasperated with them because he was very angry. He was a double amputee and wanted specific medical devices that he was not getting from VA. He needed

someone to listen and not react when he became upset. He has made a lot of progress over the past two years. He needed a case manager with a lot of patience that showed understanding of what he had been through. Another memorable veteran (Vet *B*) was one that had more of a mental health crisis than physical. She suffered from severe anxiety and had previously had a bad experience with VA's mental health system. She also needed someone to be patient and listen to her instead of defending the VA. She had to rebuild her trust with VA and reattempted to access services that they provided. She was a divorced single mom with a teenage daughter. She had gotten behind on her rent and was at the point of being evicted; however, she was able to obtain benefits from an outside agency with VA and avoid being evicted. She is at a point now where she is managing.

Veteran with limited social support (Interpersonal): Having social support defiantly affects veterans in obtaining benefits and that is one of the things VA assesses. A person's ability to be able to manage the difficulties of living is sometimes more complicated when they have a mental illness, whether it be a chronic mental illness, or something more acute, like depression or anxiety. This can affect the difficulties of living exponentially.

Rules and regulations required by VA (Institutional/Organizational): It goes back to what type of person is trying to access those benefits. Usually, the ones that are there for "free stuff" are the ones that complain the most about the amount of paperwork and how slow the process takes. The ones that are really trying to improve their lot, are more willing to put in the sweat equity and are typically more tolerate of some of the organic problems that are involved with dealing with big institutions that have criteria set up. VA does have certain criteria that is required that could be viewed as a barrier. An example of this is that a veteran with mental health issues that would be benefit from one-on-one therapeutic sessions, must first go through a period of engaging in group therapy to help determine whether they really need the individual therapy.

Barriers to accessing benefits (Community): There are plenty of individuals that have problems that could be assisted or aided by VA programs, but they either do not know about the benefits or they think that it would not make much a difference anyway. So, knowledge and perception about accessibility could have a significant impact on veterans accessing benefits.

Local, state, and national laws and policies (Public Policy): There has been a real effort to try to get the word out about what services are available. Not aware of any national laws or policies that would prevent a veteran from using resources.

Loss of Purpose: This has had an impact on many veterans, especially the younger ones. Many younger veterans are medically discharged and reentering into the civilian side and there is a significant loss of purpose. They do not have the same structure and they often have a hard time finding a job. They do not have the experiences as compared

to those that retire after 20 + years. A typical example would be a 24-year-old male that gets a small service-connected disability pension, but does not have any real marketable skills (did not go to college), has no place to live and finds himself in a low paying job. He begins to think "is this what my life has amounted to now?" He used to have a real job and used to belong to something and now he's just working a low wage job and playing video games.

Impact of Having Dependents: Yes, having dependents can have an impact on whether a person gets help. An example is Vet *B*. She had a teenage daughter that she was responsible for providing a place to live. In her case, she found success because she had motivation to do so. She was willing to work through her fears and anxieties to follow a structure that improved her life as opposed to taking the easy street. This is something that all personnel in this arena should be cognitive of in determining if you are dealing with a person that wants to be helped or someone that may just have ulterior motives.

Concluding Thoughts on Factors that Lead to Homelessness among Veterans: Homelessness is greatly affected by mental illness and chemical dependency. Those veterans that are chronically homeless tend to like their situation. They are veterans that have learned how to endure the difficulties of life. They have had to sleep in a field, etc. So, being out in the open is not a foreign concept to them as compared to someone that suddenly finds themselves sleeping under a bridge for the first time. There are many benefits to veterans (a book provided that most do not know about or bother to read). Even so, the average individual would still have a mountain of questions on how to obtain these benefits (not easy to access and there are certain criteria that must be met). When there are mental illnesses present, it is really beneficial to have social support to help navigate through the process. Once they understand what is available, then there is a question as to whether they are willing to put in the sweat equity required and many are not [willing].

Appendix D: Summary of Interview with P2

Background of Interviewee:

Pastor of church that sponsors homeless ministry. Started as a "celebrate recovery" type ministry and has evolved into what it is today. The ministry is based on biblical principles of helping those that are in turmoil find a place of peace (Psalms 23). Sometimes individuals must have immediate needs met before their spiritual needs can be addressed. Those involved in the ministry have an understanding of this and a passion for meeting both immediate and spiritual needs of those in the community. The ministry provides a safe place for individuals to come have a meal, sing, share stories, and share in a time of spiritual guidance and prayer on a weekly basis. We believe in the power of prayer, and it is also very therapeutic for them to know that they can express something going on in their lives as well as the things that are immediate needs.

Demographics

Any Veterans: There are a few veterans that come to facility from time to time. Not sure of exact number, but there are a lot on veterans in the area (located in military town) and the number of homeless, in general, has increased within the past year.

Age Range: Wide range in ages of those that have received benefits and participated in the ministry. There are a lot of people that participate in the ministry that are not actually homeless; however, the average homeless person would be in their 50-60s.

Employment: Many have several relatives that live together and have disability type income. Less people attend when they have just received their income.

Dependents: Most of the homeless population that come in with children are in a temporary homeless situation. Seems to be more of crisis thing where there are children involved.

Unstable Housing Situation: Some are homeless; however, there are a lot of people that participate in the ministry that are not actually homeless.

Research Questions

Characteristics of memorable homeless individual (Intrapersonal): One particular individual (David) lived in a tent in the woods. Some of the things that caused a lot of stress for him was getting poison ivy and having his tent vandalized. He was always one step away from getting off the streets and not being homeless. For example, if he could get his identification papers straightened out, then he had a big settlement that he could get. Another one (Dave) disappeared for several months and there was no way to track

him down or even know if he was alive because there is no stability. The main individual that stands out is a man (Alan) that had at one time been very wealthy and had ended up losing his family and living on the streets in a cardboard box due, in part, to an addiction to alcohol. He had tried several alternatives for his addiction and had not been successful. He was to the point of being "sick and tired of being sick and tired." Then he had an experience with God that changed his life. Thirty years later, he has is sober and has made great contributions to both the church and to the local community.

Homeless person with limited social support (Interpersonal): Many of the homeless in the area have been ostracized from their family and they remain homeless because they do not have that support. Having social support is a critical element for being able to make changes. The family structure is an essential part of social support for the survival of individuals in our society.

Rules and regulations required by your facility (Institutional/Organizational): The ministry welcomes people that are homeless as well as those that just want to attend. There is a policy of not giving out cash to individuals. Instead, someone from the ministry will take individuals to the grocery store and pay for the groceries or will pay an electric bill directly to company.

Barriers to accessing benefits (Community): There is a need for some type of advocacy for homeless individuals to get certain documentation such as birth certificate, driver's license, for social security card. They may need a social security card and not understand the process of how to get it or even know where the social security office is located. There is a challenge for being able to connect people with the proper resources.

Local, state, and national laws and policies (Public Policy): Not really been any hindrances. The city government is aware of the homeless issues and had put forth a big effort for these concerns. No one knows specifically how to address the problem, but there is a willingness to put funds into doing something. Those involved in our ministry understand what the perimeters are and help people within those perimeters.

Impact of Having Dependents: Having dependents is an incentive for people to get help. Not wanting to let someone else down can make a person willing to go through tremendous hardships and make difficult choices. If someone knows that someone else is depending on them, they would be far more likely to try to remedy a bad situation. However, there are individuals that have such strong addictions that they would even neglect their children. In these cases, they have to be free of their addiction before they can really care for others. For the most part, those that are in a temporary situation would be more willing to do what it takes to get out [of bad situation] when they have others that are dependent on them versus someone that does not have dependents.

Concluding Thoughts on What Levels of Society has the Most Impact on Homelessness: Everybody has a story as to why they are homeless. There are usually

two types of people that comes for the homeless ministry. First are those that are shameless and will lie about anything just to get a handout and money. They may even look at it as a challenge to get over on someone else. Then you have those that are really in need and are sometimes reluctant to accept help. Painting with a “real broad brush” may eliminate being able to do some things for individuals because every individual situation is different. If we can find out what an individual’s circumstances are, we could have a more specific course of action of how to help that person.

As far as the community, we have a connection with the law enforcement and first responders in the area. We really appreciate what they do for this population. They get to know the homeless individuals on the streets. There are also medical clinics in the area where these people can go for care. Some of the doctors there forego larger salaries to be able to provide care for these individuals. There has been an effort to compile a list of resources and various ministries that are available for police officers to have. This could be beneficial for helping individuals get benefits throughout the community. Just providing housing does not seem to be the best answer. Many times, people that are given a place to live for free do not appreciate it nor do they know how to take care if it and end up destroying it. We will never eliminate the problem, but we can defiantly make it better. It is very rewarding to see a person that was once living in a box on the street now having a life of meaning and purpose and being able to help others.

Appendix E: Summary of Interview with P3

Background of Interviewee:

Currently works for VA as a telehealth psychologist for a PTSD clinic.

Demographics

Eligibility for Benefits: Yes, they are eligible for VA benefits.

Age Range: It is a pretty wide range, anywhere from mid-20s to mid-70s.

Marital Status: Is also a variety that includes married, single, and divorced.

Dependents: Majority have either children and/or a spouse.

Unstable Housing Situation: Current population is not in unstable housing conditions. Has previously worked with population that was from VA Domiciliary.

Research Questions

Characteristics of memorable veteran (Intrapersonal): Have worked with hundreds. A particular veteran at previous VA had experienced childhood trauma, combat trauma, and substance use disorder. He was staying at the VA dorm and was able to participate in both the PTSD program and substance treatment while staying there. This helped him to be incredibly successful. He would be a good example of how effective treatment can be for people. Reached out for help because "life was no longer worth living."

Veteran with limited social support (Interpersonal): Many veterans are disconnected from social support because of trauma symptoms. They are irritable with a lot of conflict in their relationships and can push family members away. One particular veteran that did not have much support and really did not trust the VA. He had a pronounced distrust of the VA and demanded to be contacted by secure messaging. He did not get engaged or get the medication he needed. He was violent and did not have a good relationship with ex-partner. Those veterans that are more impaired would be more likely to get the help they need and be involved in treatment if they have someone who they trust that can help them with answering phone, making appointments, and encouraging them.

Rules and regulations required by VA (Institutional/Organizational): Veterans that are impaired with chronic PTSD and substance abuse have a challenging time with organizing and getting paperwork done that is required for accessing resources. Having to

meet with different VA staff can be an issue for those with trust issues. If veteran misses three appointments, then they are out of the program and they have to start whole process over again. Getting reminders can help those that struggle with memory.

Barriers to accessing benefits (Community): Traffic and also parking at VA facility can be a huge barrier for veterans, especially those that struggle with PTSD. Some VA facilities offers transportation to and from appointments. Some veterans may also be eligible for receiving iPad or phone that can help them in obtaining treatment. Also, providing telehealth and in-home care can eliminate a lot of barriers.

Local, state, and national laws and policies (Public Policy): Limited knowledge on policies as it relates to resources and accessing benefits (telehealth psychologist working in different state from clinic).

Loss of Purpose: In general, the majority of current clients are at the highest risk for suicide. A lot of them struggle with purposelessness and finding meaning in life, but their children or spouse that is dependent upon them are a resiliency factor that can be used to foster them in treatment to keep them motivated.

Impact of Having Dependents: Can help their financial situation. Can get financial reimbursement from caregiver support program. It can potentially motivate people to access resources. Having children is often cited as “reason for living” and prevents them from harming themselves. However, having children can be a barrier if they cannot bring them to appointments, etc.

Concluding Thoughts: Trauma can affect sleep/wake cycle which makes it harder to keep job schedule. Trust related concerns can cause irritability. Another hinderance to accessing benefits for homelessness is that a person has to actually be homeless (not just at risk of becoming homeless) to receive some benefits that are available. It is harder to get a person out of that situation once there as compared to preventing them from being homeless in the first place.

Appendix F: Summary of Interview with P4

Background of Interviewee:

Licensed Professional Counselor Associate (LPCA) at homeless shelter that provides working program for transitional housing.

Demographics

Any Veterans: Yes, there are a have a few veterans at the facility.

Age Range of Veterans: Currently in the range of late 20s to late 30s. Have had older veterans in the past.

Marital Status: Current veterans are mostly single.

Dependents: Many people (nonveterans) come in as a family unit and some others have children that they do not have custody over.

Unstable Housing Situation: Majority of population at the facility are in a more temporary situation partially due to the nature of the program (transitional housing).

Research Questions

Characteristics of memorable veteran (Intrapersonal): He had been at the facility as a child with his parents. He was an example of generational poverty He had joined the military, did his time and what he needed to do and after all that, he still ended up homeless.

Veteran with limited social support (Interpersonal): Resources availability plays an important role. Although a person may have social support, if they lack resources then it is hard to actually get where they need to be in life. However, having a social support network is extremely helpful for mental health and gives them better outcome for solution-based thinking but does not necessarily alleviate the situation itself. In general, a person that has someone that is dependent upon them for support would be more likely to get help. There is a lot of social stigmas that comes with being homeless and many clients try to hide the fact that they are living at a shelter.

Rules and regulations required by your facility (Institutional/Organizational): People at the facility are expected to find work. This can be a benefit for many because they are given a place to shower, meals to eat, access to computers for resumes and communications. There is also a career development coordinator that can put people in contact with jobs. However, clients must be clean and sober for 30 days before they can

come in to the program, and must also be in for nightly curfew. If they fail drug test, they are automatically removed from program. Must be on medications for prior 30 days if there is a history of mental issues.

Barriers to accessing benefits (Community): There is no public transportation in the community. Also, riding bicycles on the streets can be dangerous for this area. Uber and Lyft transportation is available but is outrageously priced. A lot of veterans that are struggling and that need VA may not qualify for the program here. The biggest barrier from veterans getting help from VA is the amount of time it takes to get help.

Local, state, and national laws and policies (Public Policy): No concrete knowledge of city or county policies that would hinder people from getting help on the homeless side. As far as counseling, licenses do not transfer across state line. So, a veteran that moves to another state may have to find another counselor and start over.

Impact of Having Dependents: If they have dependents, they are usually looking out for their dependents and try harder to figure out their situation and how to better themselves. Sometimes a person may not be able to get in the program, but they still want their partner or kids to get in so that they will be taken care of. They will be more willing to do whatever it takes to help their dependents. They are more likely to reach out because it isn’t just about themselves, especially with the veteran population.

Concluding Thoughts on What Levels of Society has the Most Impact on Homelessness: Short-term is boots on the ground such as doing the work at the community partnerships level. On the chronic systemic level, there has to be better polices for homelessness in general. An example would be a convicted felon would be more likely to be stuck in situational poverty especially when the charges are substance abuse. Also, ageism can be a problem for people getting work regardless of their education and experience.

Appendix G: Summary of Interview with P5

Summary of Interview P5

Background of Interviewee:

Before retiring, I worked at VA Hospital for a period of time then moved to working at the regional office for VBA (Veterans Benefit Administration) which is different from the hospital side. While working at VA Hospital, I came in contact with a lot of homeless veterans that were there for routine appointments. Did not have as much direct contact with the veterans at VBA. Dealt more with forms and processing those forms that were needed for receiving compensation at VBA.

Demographics

Eligibility for Benefits: **Yes, they are eligible for VA benefits and not dishonorably discharged.**

Age Range: After Afghanistan and Iraq, there were a lot more younger veterans coming to apply. Overall, it was a wide range that included WWII veterans to much younger veterans.

Marital Status: Is also a variety; however, the majority were married.

Dependents: Although I did not process the dependent claims, the majority had dependents.

Unstable Housing Situation: There were some with unstable housing that came in. Those seemed to have drug dependency also.

Research Questions

Characteristics of memorable veteran (Intrapersonal): One particular veteran that I dealt with directly at the hospital was basically a drug seeker (this was common). He had a dog that came in with him to the hospital.

Veteran with limited social support (Interpersonal): Those that do not have social support would have “no cause.” Many with mental health issues lose all purpose and just worry about surviving. Which in many cases, the means of survival just means getting more drugs and only helping themselves. When they have no one that they can count on, then they have no purpose.

Rules and regulations required by VA (Institutional/Organizational): Many that are hindered have it in their mind that there is nothing available for them. Therefore, they fail to seek help. So, some just do not know about the benefits and others think that they are not eligible.

Barriers to accessing benefits (Community): Issues such as transportation probably used to be more an issue in the past. The VA hospital has a system set up that pays veterans per mile or pays bus ticket to and from appointments. There were many that abused this system. They may live a few blocks from the facility but use an address 100 miles aways to get the milage [more money].

Local, state, and national laws and policies (Public Policy): Once again, I think that this used to be more of an issue than it is now. Also, there was a sigma about getting help for mental health as well as a sigma about the kind of care one receives from the VA. This is not necessarily the case anymore. Both the VA hospital and the VBA have gone to great lengths for the veteran. VA is federal so it would override any state or local laws that may hinder the veteran. However, VA does have its own guidelines and criteria that they require of the veteran. For example, a veteran can receive pensions or benefits, but they cannot receive both.

Loss of Purpose: Many times, there were indicators of this [loss of purpose] in their write up on their applications. When we saw this, we would send it up the chain to counselors and social workers to reach out to them.

Impact of Having Dependents: Yes, it could have an impact in more than one way. For one, there are more benefits for veterans when they do have dependents. This includes educational benefits as well as financial benefits for dependents. Then also, having dependents would cause them to want to reach out to get help for the sake of their dependents. When they have no one that they can count on, then they have no purpose.

Concluding Thoughts: Just from personal experience, I know that some of the homeless individuals that you see on the street that claim to be veterans may not actually be veterans. They just used that as a way to get a handout. Those that are actually veterans may not be seeking benefits simply because they do not think that they are eligible. Or it may just be that they prefer the independence of being homeless. I know I have talked to homeless people that were put up in hotels and they stated that they slept out on the balcony instead of on the bed inside. For some, it is just more of a preference.