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Experiences of African American Veterans With Regards to Ethnicity, Mental Health, and Homelessness

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Experiences of African American Veterans With

Regards to Ethnicity, Mental Health, and Homelessness

A dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Education in Organizational Leadership

by

Jeffrey Redmond

April 2021

Dedication

I dedicate this research study to one of my biggest supporters, my loving and supportive wife, Dawn Redmond. Your positive thinking, life-long commitment to your community, and motherly love you give our children continue to stimulate my heart, soul, and mind, and for that, I adore you. "We" did it! I love you.

This research study is also dedicated to my son, J. Pierce Redmond. I am proud of you and blessed to have a son and a friend like you. As you pursue your life's passions, remember this research study to show you what faith, hard work, and dedication will harvest. I hope this dissertation will inspire you to keep your dreams alive!

My daughter, Savannah Redmond, has been my cheerleader throughout this journey, so I'm dedicating this research study to her, as well. Your intellect, beauty, independence, and perseverance have made you into a beautiful young lady that would make any dad proud. Thank you for encouraging me to complete my doctorate and checking in on me while burning the midnight oil.

In memory of my parents, Jessie Redmond and Emma Redmond, I dedicate this research to you both. Mom, your famous words will always resonate within me…. "If you don't know much, you can't do much." This was your particular way of saying educate yourself so you can help others.

My sissy and second mom, Mary Anderson, thank you for helping me overcome my fears, roadblocks in life and encouraging me to stay strong in faith. You are the real M.V.P.

Lastly, I dedicate this research study to disenfranchised individuals that feel like giving up. As the famous Black poet Langston Hughes once said, "Life for me ain't been no crystal stair…. I'se still climbin."

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Thank you to my mother-in-law, Dr. Lavern Tarkington, for your encouragement, love, and support during this journey. This research study was also completed in mind of my father-in-law, Donald Tarkington. Thank you for your military service, as you are a true hero!

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Lastly, my unlimited thanks have not gone unnoticed to my extended family and friends for their love, encouragement, and prayers.

Proverbs 3:5-6 states, "Trust in the Lord with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge him, and he shall direct thy paths." God continues to prepare me for something far more significant than I can ever imagine!

Abstract

Having a secure and permanent home is an important foundational, psychological need

because it influences the fulfillment of other aspects of a person's life. Given the importance

of shelter in the well-being of any individual, the problem of homelessness among veterans

underscores the significance of ensuring that veterans have access to this basic human need.

This phenomenological, qualitative study explored the lived experiences of African American

homeless veterans regarding to ethnicity, housing, mental health, and being unhoused with

the intent of understanding or identifying meaning in regards to these experiences. The

overrepresentation of African American homeless veterans leads to the purpose of the study

to explore the barriers of homelessness, specifically mental health, and interpreting those

lived experiences in their ability to obtain housing. The theoretical framework of this

research utilized critical race theory and Maslow's hierarchy of needs in order to examine

African American homeless veterans' experiences through these two theories. Due to the

COVID-19 pandemic, interviews were conducted through Zoom, transcribed verbatim, and

imported to NVivo 12 and evaluated by a 6-step thematic process. In-depth interviews and a

thematic analysis approach resulted in the development of five key themes and five

subthemes. The major themes were the role of posttraumatic stress disorder (PTSD) in

current living conditions, perceived lack of governmental support, role of family and friends,

shame vs. positive outlook, and strategies to address homelessness. All eight participants

recognized PTSD as a distinctive feature that has played a role in the well-being of African

American homeless veterans in Dallas, Texas. Notably, participants did not mention race as

having an impact on their well-being or homelessness situation; however, this does not

necessarily mean that race does not play a role in their current situation. Participating

advocates suggested three strategies to address homelessness, all of which are part of

Maslow's first category: shelter, food provision, and medical attention. The results of this

study could encourage African American veterans faced with homelessness to pursue

available resources to help address their disparities.

Keywords: African American, barriers, critical race theory, demographics, ethnicity,

housing shortage, mental illness, posttraumatic stress disorder (PTSD), shelters, socioeconomic

status (SES)

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Chapter 1: Introduction

Homelessness among the U.S. military veterans continues to be a problem in the United States (Tsai et al., 2016). Having a secure and permanent home is an important foundational psychological need because it influences the fulfillment of other aspects of a person's functioning (Lawson, 2018). Given the importance of shelter in the well-being of any individual, the problem of homelessness among veterans underscores the significance of ensuring that veterans have access to this basic human need.

For U.S. military veterans who are transitioning to civilian life, housing can be a problem because of various barriers and conditions (Cusack & Montgomery, 2018). Even though there are many barriers to permanent housing for veterans that get significant attention such as affordability, poor community integration, poor financial status, substance abuse, and incarceration (Cusack & Montgomery, 2018; Fuehrlein et al., 2016; Lan et al., 2016), mental health difficulties receive less attention. There are various types of mental illness; one such example is psychosis, or schizophrenia (Lan et al., 2016). Others include mood disorders and personality disorders (Lan et al., 2016). Mental illness also serves as a barrier for permanent housing among veterans (Metraux et al., 2017).

Posttraumatic stress disorder (PTSD) is a form of mental illness particularly notable among U.S. military veterans returning from active duty (Carlson et al., 2018; Coleman et al., 2018). Research on PTSD indicated that this disorder could affect various aspects of a person's functioning, underscoring its potential barrier towards family healthy living (Cross et al., 2018). For example, when parents are exposed to PTSD and trauma, children are at risk for dysfunctional stress responses potentially leading to homelessness among families (Cross et al.,

2018). In communities with low socioeconomic status (SES), PTSD is common among families with those that served in the military (Cross et al., 2018).

Among the homeless veteran population with mental illness, race is also a significant factor that can determine propensity towards homelessness (Jones, 2016). For instance, African Americans have historically been overrepresented in the homeless population since the 1980s (Jones, 2016). Hence, African American veterans are significantly more likely to become homeless compared to veterans from other racial backgrounds because of various reasons, including poor access to resources and mental health treatment, inadequate local policies, poverty, housing discrimination, and a history of incarceration (Montgomery et al., 2015).

The scarcity of resources to address PTSD and other disparities among African American veterans described above, has not gone unnoticed. In this context, disparities are differences that exist between social and cultural groups in regards to access of basic public services. The Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) has been tasked to address this issue (Tsai et al., 2014). The HUD-VASH accounts for a large number of Veterans who need housing assistance due to experiences of homelessness (Tsai, 2018). HUD-VASH provides access to vouchers for private housing projects and establishes connections for support services that can address various issues about mental health, substance use, and health care (Tsai, 2018). The McKinney-Vento Homeless Assistance Act was put into effect in 1987 to provide resources for the homeless; this was the first federal law to do so, and offered shelter, health care, and other resources for the homeless (Jones, 2016).

The overrepresentation of African American homeless veterans led to the necessity of the study that explored the barriers of homelessness with the focus on mental health from the points of view of African American veterans. Exploring the perceptions and experiences of African

American veterans about homelessness was particularly significant, given the lack of research that has utilized this approach of inquiry (Metraux et al., 2017). The number of prior studies that have utilized qualitative research to examine this issue is limited. Therefore, more qualitative research was needed in order to understand the experiences of homeless African American veterans. The purpose of this study was to explore lived experiences of African American veterans in regards to ethnicity, housing, mental health and being unhoused with the intent of creating or identifying meaning in regards to these experiences.

Statement of the Problem

Mental illness among the homeless population is prevalent in today's U.S. society (Horan et al., 2019; Stewart, 2017). Despite limited research, homelessness remains a concern among the African American Veteran population (Lowe & Debiez, 2019). The U.S. Department of Housing and Urban Development (HUD) stated that African American veterans comprised 33% of homeless veterans in 2018 though they make up 12% of those that served (HUD, 2018; Lowe & Debiez, 2019). HUD is improving access to resources to help reduce homelessness (Lowe & Debiez, 2019; Salhoutra, 2018; Tilburg, 2017). Housing shortages combined with limited health care resources and cultural differences contributed to barriers increasing homelessness (City of Dallas, 2018; Eliacin et al., 2016; HUD, 2018; Ramaswamy et al., 2017). The overrepresentation of African American homeless veterans led to the necessity of the study to explore the barriers of homelessness; specifically mental health. The focus of this study was to understand how African American veterans' interpret cultural inequalities, particularly mental illness in their ability to obtain housing (Harris et al., 2018; Izquierdo et al., 2018; Rackin, 2017). The study was about examining occurrences throughout their lives that have left an impression on them and deriving meaning from said experiences. Addressing the needs of African American veterans was

important for increasing the efforts of housing advocates, clinicians, and community leaders in their efforts to collaborate in the pursuit of change among the homeless.

A clear picture does not exist among researchers on how mental illness affects homelessness for African American veterans differently from other veterans. It does, however, appear to be one of the most significant predictors of homelessness within this population (Coleman et al., 2018). Treatment of mental illness is evolving to include how ethnicity influences psychological disorders (Eliacin et al., 2016). African American veterans showed a 27% higher rate of PTSD compared to other races due to cultural experiences (Carlson et al., 2018). Acknowledging cultural influences and full engagement in clinical services helps treat PTSD among African Americans more successfully (Izquierdo et al., 2018). These studies suggested that homeless African American veterans may benefit from clinical practices that include a focus on ethnicity. Thompson (2016) suggested a contemporary definition of homelessness should include culture and changing demographics to address the current state of homelessness.

Purpose of the Study

The purpose of this qualitative, phenomenological study was to explore lived experiences of African American homeless veterans in regards to ethnicity, housing, mental health and being unhoused with the intent of creating or identifying meaning in regards to these experiences. The geographic setting of the study was near downtown Dallas, Texas, in defined neighborhoods experiencing a significant homeless population. The participants in the study included two groups. Group 1 consisted of African American veterans experiencing homelessness and Group 2 consisted of advocates, such as shelter leaders, churches, financial sponsors, clinicians, and volunteers for the homeless who were committed to helping others in need. Through

semistructured interviews, the study's sample included eight to 10 participants who had self-disclosed to be experiencing mental health difficulties. They were purposefully selected in community and government-sponsored shelters. Sub-sections of the study included (a) research design, (b) participants and sampling, (c) data collection procedures, and (d) data analysis.

Research Questions

RQ1: What distinctive features or characteristics have played a role in the well-being of African American veterans in Dallas, Texas?

RQ2: How does a select group of African American veterans derive meaning from their lived experiences of race, mental illness, and homelessness?

RQ3: What practices and strategies emerge that you view as most influential to address homelessness for African American veterans?

Theoretical Framework

The theoretical framework of this research was supported by the critical race theory and Maslow's (1943) hierarchy of needs. Hence there is a need to examine African American homeless veterans' experiences through the lens of Maslow's (1943) hierarchy of needs and critical race theory. Critical race theory owes much of its foundation to critical law theory, the feminist movement, and African American trailblazers seeking change at a rapid pace (Bernal, 2002). These two theories were integrated into the study by conceptualizing how the motivational needs and experiences differ based on racially driven experiences with housing and social/cultural disparities. Rooted from the critical theory, critical race theory operates under the main view that race is socially constructed and intended to maintain the power of the group who is considered dominant in a particular society (Delgado & Stefancic, 2017). The theory also suggests that racism is the rule, not the exception (Bernal, 2002). When applied in the specific

topic of homelessness and the overrepresentation of African Americans, critical race theory has been used to frame this type of oppression to understand the role of social power and the need for increased dialogue and conflict resolution (Ellis & Geller, 2016; Wenzel et al., 2019). The critical race theory informs the understanding of injustice experienced by African Americans and frames the significance of exploring how the barriers that impact homelessness among African American veterans can be removed (Ellis & Geller, 2016).

Maslow (1943) hierarchy of needs is based on the overarching premise that humans have needs that are hierarchical in nature and that lower-level needs are prerequisites before achieving the next level of needs. Starting from the most basic, human needs are physiological, safety, love and belonging, esteem, and actualization. Maslow's hierarchy (1943) of needs informs the importance of a place to call home as a basic physiological need that is necessary for human beings to flourish.

Figure 1

Maslow's (1943) Hierarchy of Needs
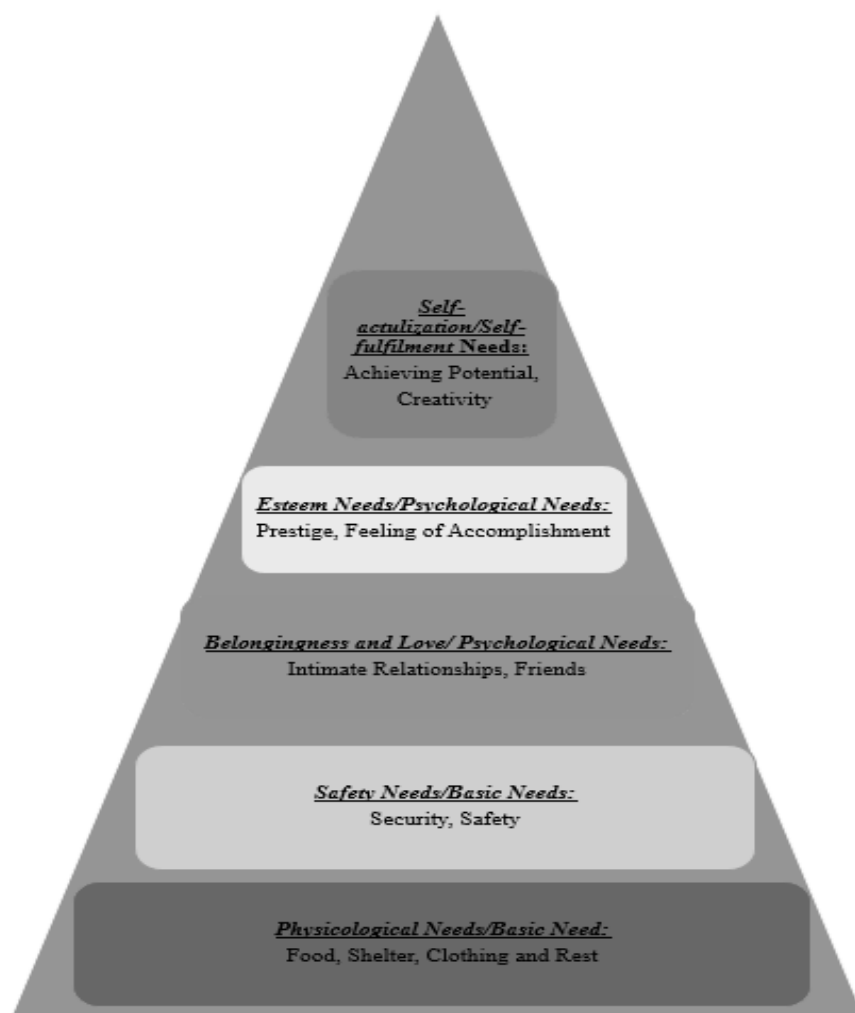
Note. Image is in the public domain.

The topic of homelessness fits into the human physiological need for shelter. Fulfilling these basic needs is important to flourish as individuals because they are a necessary foundation for more advanced needs such as love and esteem (Lawson, 2018; Wenzel et al., 2018).

Definition of Key Terms

      Barriers. Differences and inequalities experienced by a group of individuals affecting their daily lives (Cusack & Montgomery, 2018).

Critical race theory. A literary approach that examines how culture influences and shapes an individual's perception, experiences, and response to racism (Delgado & Stefancic, 2017).

Demographic study. An examination of a population based on certain factors to learn more about their characteristics (HUD, 2018; Lowe & Debiez, 2019).

Ethnic group. A group of people that share culture, religion, language or other common traits (Thompson, 2016).

Housing shortage. Insufficient housing due to economic and social constraints (HUD, 2018).

Mental illness. A broad range of medical conditions involving impairment of the brain, limiting an individual's psychological functioning or daily interactions (Metraux et al., 2017).

Posttraumatic stress disorder (PTSD). A mental health condition that is developed after experiencing a life-threatening event such as an accident, assault, or combat (Cross et al., 2018).

Shelters. Structures that cover and provide food and protection from outside elements (Cross et al., 2018).

Socioeconomic status (SES). The social class of an individual or group, measured by education, income, and profession (Cross et al., 2018).

Summary

Acquiring housing can be particularly difficult for many African American veterans, a demographic that is disproportionately overrepresented in the homeless population (Cusack & Montgomery, 2018; HUD, 2018; Lowe & Debiez, 2019). The research problem was based on the premise that research is insufficient to determine how mental illness influences homelessness and

its implications for African American veterans in terms of housing. It is essential for us to hear and tell the veterans' stories and the stories from people who work with this group. The stories include (a) what it means to be homeless, (b) what life circumstances might have led/contributed to become homeless, (c) what needs might exist in the community, (d) how community might cope with this phenomenon, (e) what changes need to be made as it relates to access to housing, and (f) what potential strategies could be considered as we learn in the field.

The purpose of this qualitative phenomenological research study was to explore the meaning behind how mental health issues impact homelessness among African American veterans. The participants that comprised the sample of this study included eight to 10 African American veterans experiencing homelessness and various housing advocates who were involved in making a difference in homelessness. Semistructured interviews with both groups of participants informed by this study's main questions were used to collect data. The thematic analysis that was developed by Braun et al. (2014) served as the basis for the analysis of the qualitative data. After completing this six-stage process of the thematic analysis, the data presented as the composite qualitative outcomes, suggested ways that mental health barriers that impact homelessness among African American veterans can be removed.

Mental health barriers that can lead to homelessness among veterans have been identified by researchers. As a barrier among veterans, mental health is an important issue that can impact their daily functioning (Finlay et al., 2019). The literature review in the next chapter gives special attention to mental illness among homeless African American veterans.

Chapter 2: Literature Review

Although studies have been conducted on the factors related to homelessness in general, as well as the factors related to homelessness among veterans, there remains a gap in the literature regarding how barriers, particularly mental illness, relates to the homelessness among the specific population of homeless African American veterans (Tsai, O'Toole, & Kearney, 2017). Studies pertaining to this issue have not been inherently limited methodologically, although they have tended to be predominantly quantitative and there is a lack of literature pertaining to the experiences and meaning regarding the phenomenon of interest. In 2016, 550,000 people in the United States were homeless, and 4.2% of individuals in the United States had experienced homelessness for over one month at some time in their life (Tsai, O'Toole, & Kearney, 2017).

For this reason, homelessness has been recognized as an emerging public health, mental health, and social problem in recent years (Tsai, O'Toole, & Kearney, 2017). Homelessness is also an issue that involves the factor of conflict resolution, particularly as housing transitions often involve conflicts such as interpersonal interactions with negative effects and discrimination experiences (Gabrielian et al., 2018). Veterans, in particular, are at a higher risk than the general population of becoming homeless due to their higher risk of mental illness, posttraumatic stress disorder, and substance abuse (Fargo et al., 2017; Montgomery et al., 2015; Weber et al., 2017).

There is a complex set of factors that affect the homeless African American veteran population. Housing affordability, poverty, loss of income, mental illness, racism, drug abuse, or the effects of PTSD are often reasons for homelessness among African American veterans (Ramaswamy et al., 2017). The purpose of this phenomenological study is to explore experiences and meaning pertaining to mental illness among homeless African American veterans based on

their experiences. The majority of the sources presented in this literature review are within the last five years. The use of more recent articles also provides an opportunity to understand the current situation of homelessness and build upon the work of recent researchers. This section provides a brief background, but its primary focus was on the literature available as related to the disparities among African American veterans with mental illness and their ability to obtain housing, particularly due to factors such as mental illness and substance abuse.

The search terms used in this literature review included *homelessness among veterans*, *homeless veterans*, *homelessness among African American veterans*, *factors related to homelessness*, *African American veterans*, *mental illness and homelessness among veterans*, *mental health and homelessness among veterans*, and *disparities and homelessness*. Sources related to keywords (both individually and in combinations) were used in database searches to conduct this literature review (Bradshaw et al., 2017). Each of the articles identified from these database searches was reviewed for content and relevancy. Articles considered relevant for this topic were included in this literature review.

In the literature review, the following themes were explored: (a) homelessness among veterans; (b) predictors of homelessness among veterans; (c) mental illness issues among veterans; (d) discrimination, disparities, and mental health issues among African American veterans; (e) homelessness among African American veterans; and (f) predictive modeling and overcoming barriers to housing among veterans. The broad topic of homelessness among veterans is first explored, followed by the more specific categories of mental health issues among African American veterans as a barrier to housing and other disparities.

Theoretical Framework

The theoretical framework for this study consists of the critical race theory and Maslow's (1943) hierarchy of needs. The critical race theory was used to inform the injustice of the overrepresentation of African American veterans in the homeless population, and the role it plays in this study. When applied in the specific topic of homelessness and the overrepresentation of African Americans, critical race theory has been used to frame this type of oppression to understand the role of social power and the need for increased dialogue (Ellis & Geller, 2016; Wenzel et al., 2019). The critical race theory, therefore, provides a framework for the importance of exploring the barriers related to homelessness among African American veterans. Critical race theory was developed from critical theory and its underlying assumption is race is socially constructed (Bonilla-Silva, 2015; Delgado & Stefancic, 2017; Howard & Navarro, 2016; Ray et al., 2017). In this view, the social construction of race is intended to maintain the power of the group who is considered dominant in a particular society (Delgado & Stefancic, 2017; Howard & Navarro, 2016). Race and racism, as well as the concept of a social justice agenda, are central to critical race theory (Bonilla-Silva, 2015; Howard & Navarro, 2016).

In this study, Maslow's (1943) theory of hierarchy of needs is based on the overarching premise the humans have needs that are hierarchical in nature and that lower-level needs are prerequisites before achieving the next level of needs. Starting from the most basic, human needs are physiological, safety, love and belonging, esteem, and actualization (Lawson, 2018; Wenzel et al., 2018). Maslow's theory of hierarchy of needs has been supported and used by many researchers in recent research (Güss et al., 2017; Haider et al., 2018; Lawson, 2018; Sahito & Vaisanen, 2017; Wenzel et al., 2018). Maslow's hierarchy of needs has been supported by Holland (2018) in the application of the theory to present housing, specifically appropriate

shelter, as a basic human need. In describing challenges and considerations for sustainable housing, Holland (2018) applied Maslow's theory in addition to Max-Neef's concept of human needs as part of a community and described future housing options.

The topic of homelessness fits into the human physiological need for shelter. Maslow's hierarchy (1943) of needs was used to analyze the importance of housing as a basic physiological need. This human need for shelter is supported by the literature, indicating that fulfilling these basic needs is important for individuals to grow because basics needs, such as housing, provide a necessary foundation for more advanced needs such as love and esteem (Lawson, 2018; Wenzel et al., 2018). Despite being a concept refuted by the partially validated work of Wahba and Bridwell (1976), Maslow's hierarchy of needs has remained predominant and popular particularly in organizational research (Sahito & Vaisanen, 2017).

Relevant Literature

Homelessness Among Veterans

U.S. military veterans are a group particularly vulnerable to homelessness and are a group that is overrepresented among individuals experiencing homelessness (Fargo et al., 2017). Approximately 50,000 veterans are homeless on any given night as estimated by the United States Department of Housing and Urban Development (Weber et al., 2017). Based on the vulnerability of this group, it is important to understand the predictors of homelessness among the veteran population. Montgomery et al. (2015) determined that factors related to homeless status included being a veteran having less than a high school education, accessing informal income, having a history of foster care, incarceration, and/or substance use. The researchers also found that increased mortality was related to individuals whose sleeping accommodations are not appropriate for human condition, those without permanent housing living in supervised shelters

as a temporary living arrangement, being female, and/or rather than having a stable job and/or financial status. Based on these findings, Montgomery et al. (2015) highlighted the importance of identifying and reaching out to vulnerable populations and providing support for them in their transitions to prevent homelessness. In a separate study Nelson et al. (2017) similarly explained that risk factors associated with homelessness include economic instability, mental illness, and substance abuse.

Building on the findings of Montgomery et al. (2015), Nelson et al. (2017), and Byrne et al. (2016) explained that in 2014, more than 170,000 people experienced unsheltered homelessness. Unsheltered homelessness is defined as those regularly living in a car, outside, or in other places that are not meant for human habitation (Byrne et al., 2016). However, there is a lack of data related to unsheltered homeless veterans (Byrne et al., 2016).

Predictors of Homelessness Among Veterans

Identifying predictors of homelessness are important in preventing and considering homelessness among veterans (Tsai, Hoff, & Harpaz-Rotem, 2017). Byrne et al. (2016) assessed the predictors of homelessness as well as the severity of homelessness among veterans, including single adult veterans and veterans with children. The results of the study were that among veterans that participated in the rapid re-housing program, 16% of veterans with families and 26% of single adult veterans experienced homelessness after the exiting of the program. On the other hand, of those that participated in the homelessness prevention program, fewer single adult veterans and veterans with families experienced homelessness after the exit of the program. Among single adult veterans, Byrne et al. (2015) found those at a higher risk of homelessness were those between ages 30 and 61, male, and African Americans when compared to Whites.

Among veterans with children, those at higher risk of homelessness were those between the ages of 45 and 61.

In a study on a more specific population, Dichter et al. (2017) explored the factors associated with the homelessness of female U.S. military veterans. The researchers explored this topic because female U.S. military veterans face high rates of homelessness that may be associated with psychosocial experiences such as alcohol abuse and intimate partner violence. Dichter et al. (2017) found a positive association between housing instability and intimate partner violence. However, there was no statistically significant association between housing instability and unhealthy alcohol use in the analysis of the data. Dichter et al. (2017) expressed the importance of these findings for informing ways to address housing concerns among female VA patients. This study did not focus on differences in the race of veterans in addition to gender. However, the findings of Dichter et al. (2017) imply a link between psychosocial needs and homelessness, a theme that is common in several of the studies presented and is described in this literature review.

As in the studies described thus far in this section, Harris et al. (2018) highlighted the importance of understanding factors related to housing insecurity in order to address veteran homelessness. Homelessness among the general population is associated with common risk behaviors such as substance use and risky sexual practices but that these common risk behaviors are not as well understood among the homeless veteran population (Harris et al., 2018). In addressing this gap in the literature, Harris et al. (2018) found the specific risk factors related to homelessness lasting six or more months among veterans were risky sexual practices, gambling, suicidal ideation, alcohol misuse, tobacco use, driving while intoxicated, and looking to start a fight. Other risk behaviors were associated with shorter periods of homelessness. Based on these

findings, the researchers suggested that sensation seeking and aggression risk behaviors are included in risk assessment and prevention efforts in addition to considerations of substance use and risky sexual behaviors in order to reduce the risk of veteran homelessness. The factors and predictors related to housing insecurity in the veteran population is further described in the following section.

Housing retention among adults that have experienced homelessness requires social supports (Gabrielian et al., 2018; Johnstone et al., 2016; Krabbenborg et al., 2017). Specifically, social support offers a source of social protection for the homeless and is an important factor for the process of transition and social participation (Krabbenborg et al., 2017). Johnstone et al. (2016) also found that among the homeless, changes in social support, such as family and caseworker relationships, predict personal well-being over and above housing stability.

Despite the importance of social supports expressed by researchers, social interventions assists in locating and maintaining housing helps influence a better quality of life for the homelessness (Gabrielian et al., 2018). Traditionally, housing intervention was focused on relocating those with mental illness from one housing environment to another. However, the authors described how housing is the primary focus with supportive services and treatment to help exit homelessness. There is a lack of evidence regarding the social supports that influence the housing status of individuals (Gabrielian et al., 2018; Johnstone et al., 2016; Krabbenborg et al., 2017).

Patterns and trends within the literature reflect the importance of social support in regards to the needs of homeless veterans. Gabrielian et al. (2018) conducted interviews to understand the relationship between homelessness and use of social support among veterans. The findings in the Gabrielian et al. (2018) study were all participants identified social support as important in

finding and maintaining housing. However, the participants used their formal and informal social supports in different ways. Examples of formal supports were providers and case managers and informal supports were described as family and friends. The researchers found that participants with stable housing used both their formal and informal supports to find and maintain housing, while participants in sheltered housing primarily used form supports for housing. On the other hand, participants with unstable housing used both their informal and formal supports but some of these supports were superficial or negative. Based on these findings, Gabrielian et al. (2018) concluded that social context was associated with the housing status of participants and that interventions to address homelessness should help individuals improve their social supports and resources.

Resnik et al. (2017) indicated peer support among homeless veterans benefited from participating in formal support. The authors also found that experienced peer professionals provide quality intervention, in comparison to health care providers. Veterans reentering society appreciate peer services; however, peer competencies should go beyond combat experience to include psychological assessment and treatment experience. In a separate study on differences in health and social supports among the homeless, Winetrobe et al. (2017) also found there are gendered differences in mental health and social support among homeless adults transitioning into permanent supportive housing. Therefore, gendered differences among homeless veterans must also be considered.

Community integration was described as a barrier among formerly homeless veterans receiving supportive housing by Chinchilla et al. (2019). Chinchilla et al. (2019) explained there is a lack of literature regarding the factors related to the ability of formerly homeless veterans to achieve community integration. To address this gap, Chinchilla et al. (2019) used data from 560

veterans that received housing through the Department of Veterans Affairs' (VA) Supportive Housing Program via the VA Greater Los Angeles Healthcare System. The researchers found that mental health service utilization was negatively associated with community adjustment, housing stability, and employment. Community integration encompasses individuals being fully engaged in the community. Employment and housing stability are examples of community integration (Chinchilla et al., 2019). Of the 29 variables analyzed, the researchers found that few of the variables were associated with community integration, defined as identifying and maintaining stable housing outside of the housing provided by the VA Supportive Housing Program.

Chinchilla et al. (2019) concluded there is an importance of mental health needs, including mental health service utilization as a predictor of increased community adjustment, housing stability, and employment. As in many studies, race was not addressed or identified as a barrier associated with community integration in the Chinchilla et al. (2019) study. However, the findings of the Chinchilla et al. (2019) study demonstrate the importance of mental health needs among the veteran population as a factor related to homelessness. As a key factor related to homelessness for this study, the mental health of the veteran population is described in the following section.

Mental Health Among Veterans

Of veterans treated for psychiatric disorders at the Veterans Health Administration, 30% are diagnosed with posttraumatic stress disorder (PTSD; Hefner & Rosenheck, 2019). Hefner and Rosenheck (2019) examined psychiatric multimorbidity among veterans with PTSD and other psychiatric disorders and compared groups based on sociodemographic characteristics, substance use, health service use, and filling of psychotropic prescriptions. In the study, those

with higher multimorbidity as defined by multiple diagnoses were younger, were most likely to have recently experienced homelessness, had substance use disorder, and had greater mental health and medical service use as associated with more diverse medical diagnoses (Hefner & Rosenheck, 2019). Based on these findings, Hefner and Rosenheck (2019) determined that multimorbidity among veterans with PTSD is an understudied area and that additional research is needed to understand and effectively treat veterans with PTSD.

Links Between Mental Health and Homelessness in the Veteran Population

At the heart of this study is the topic of mental health and homelessness among the U.S. veteran population. Approximately one in three veteran patients is diagnosed with at least one mental health disorder and, in some cases, the mental health disorders are military-related (Olenick et al., 2015). Olenick et al. (2015) suggested that homeless veterans face the same challenges (e.g., substance use, unemployment, and mental illness) as veterans, but also face the additional burdens of military-related burdens such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), a history of multiple deployments, and military experience that may not be transferable to the civilian employment environment (Johnson et al., 2013). In particular, PTSD among veterans has been shown by researchers to be linked to increased rates of veteran homelessness (Metraux et al., 2017; Olenick et al., 2015). This subsection presents the studies that specifically address this topic.

In addressing the general issue of mental health among homeless veterans, Hermes and Rosenheck (2016) evaluated differences in the use of psychotropic medication between homeless and homeless adults diagnosed with serious mental illness and who used services from the Veterans Health Administration (VHA) in 2010. In the study, 7.2% of the 876,989 individuals with serious mental illness were homeless for a period of time in 2010 (Hermes & Rosenheck,

2016). The researchers concluded that the most important factor associated with filling more psychotropic prescriptions among homeless veterans was greater use of residential/inpatient mental health services. Hermes and Rosenheck (2016) explained because the VHA is the single largest provider of homeless services in the United States, VHA must understand the needs of homeless veterans, especially those with serious mental illness.

The findings of Hermes and Rosenheck (2016) were supported by the findings in a recent study by Norbeck et al. (2020) on physical illness and health service use with 156 homeless male veterans living in Nebraska with PTSD, depressive disorder, anxiety disorder and/or bipolar disorder. In this study, veterans with mental health diagnoses had several physical health problems that were not found in veterans without a mental health diagnosis. Furthermore, participants with a mental health diagnosis were more likely to report the use of various health services for the treatment of medical, mental health, and substance abuse problems (Norbeck et al., 2020).

The findings of Hermes and Rosenheck (2016) as well as those of Norbeck et al. (2020) demonstrate that mental health diagnoses, such as PTSD among veterans are linked both to homelessness and increased need for health services due to physical health complications and substance use disorders in addition to mental health services. The link between mental health, including PTSD, and homelessness is also important due to the association between homelessness and suicide among veterans (Olenick et al., 2015; Tsai & Cao, 2019). This is important because mental health disorder and substance use disorder are related to an increased risk of suicide among veterans (Olenick et al., 2015).

Hoffberg et al. (2018) found that suicide ideation rates were 1.3% for current suicidal ideation, 7.0% in the past week, 12.1%-18% in the past 30 days, and 74% overall (lifetime)

among homeless veterans. Furthermore, the researchers found that suicide attempts among homeless veterans were 0%-6% in the last 30 days, 30.7%-31.5% in the past five years, and 15%-46.6% overall (lifetime). The researchers, therefore, identified the homelessness of veterans as a risk for self-directed violence. However, the researchers did not identify any interventional studies with the objective of preventing self-directed violence among homeless veterans. Based on this finding, Hoffberg et al. (2018) recommended that additional research be conducted to identify and analyze preventative strategies and interventions for suicide prevention for veterans, including homeless veterans.

Demonstrating the lack of data on specific veteran groups regarding mental health, Holliday and Pedersen (2017) noted there is a lack of literature regarding the needs related to mental illness and substance use among veterans who were not honorably discharged. Holliday and Pedersen found that veterans that received general and other than honorable discharges had greater rates of mental health conditions and substance misuse as well as more negative perceptions of mental health care. Based on these findings, the researchers concluded there is a need to connect these veterans with services because they are likely to experience greater barriers related to access to mental health care (Holliday & Pedersen, 2017).

Related to the literature presented above in this subsection, Montgomery et al. (2015) suggested that future research be conducted to examine differences in medical, mental, and behavioral health among unsheltered homeless veterans. This is particularly important because there is evidence of the high use of acute healthcare services among homeless veterans enrolled in the Veterans Affairs (VA) health care system (Yoon et al., 2017). Increased use of acute healthcare services suggests a lack of integration of and attention in primary care services. An additional issue of significance connected to this topic is that of race, specifically for the

purposes of this study, the African American population. The following section describes the link between studies on predictors of homelessness and disparities, discrimination, and mental health among the African American veteran population.

Discrimination, Disparities, and Mental Health Issues Among African American Veterans

Carlson et al. (2018) analyzed the issues faced by veterans of color including racialized discrimination during military service and the risk of developing negative mental health outcomes. Specifically, the researchers explained that in the National Vietnam Veterans Readjustment Survey, African American and Hispanic veterans faced higher rates of posttraumatic stress disorder than White veterans (27%, 20%, and 13.7%, respectively). Veterans of color also had higher rates of mental health diagnoses. Further evidence presented by Carlson et al. (2018) is there is an association between PTSD and racism. Critical race theory is relevant to ethnicity and suggests that race is socially constructed (Bonilla-Silva, 2015; Delgado & Stefancic, 2017; Howard & Navarro, 2016; Ray et al., 2017). Accordingly, construction of ethnicity is intended to maintain the power of the group who is considered dominant in a particular society (Delgado & Stefancic, 2017; Howard & Navarro, 2016). Ethnicity and ethnic discrimination, as well as the concept of a social justice agenda, are central to critical race theory (Bonilla-Silva, 2015; Howard & Navarro, 2016).

In addition to facing discrimination as described by Carlson et al. (2018), Metraux et al. (2017) found that Black veterans were significantly less likely than White veterans to receive a PTSD diagnosis among veterans with a current Structured Clinical Interview for DSM-IV (SCID). On the other hand, White veterans were significantly less likely than Black veterans to receive a PTSD diagnosis among those without a current SCID. The researchers found that when psychometric testing was used, there was a reduction in the racial disparity between SCID and

the PTSD diagnosis. Based on these findings, Metraux et al. suggested that psychometric testing be used to reduce racial disparities in the outcomes of VA PTSD disability exams.

In an analysis of existing studies, Peterson et al. (2018) found that most studies that compared mortality between Black and White veterans found similar or lower mortality rates for Black veterans. However, there were mortality disparities between Black and White veterans related to stage four chronic kidney disease, colon cancer, diabetes, HIV, rectal cancer, and stroke. Based on these findings, Peterson et al. (2018) concluded that disparities still exist for Black veterans and that additional research is needed to better understand and reduce the disparities in mortality findings. Because there is evidence that African American veterans face specific disparities in mortality, and homeless veterans face greater difficulties in maintaining their health and overcoming diseases, there is an urgent need to overcome disparities and barriers to housing faced in this population (Metraux et al., 2017; Peterson et al., 2018; Weber et al., 2017).

As in the Carlson et al. (2018) study, Monteith et al. (2018) investigated a topic related to mental health among veterans of color, specifically African American women veterans. Monteith et al. examined the specific topic of protective factors related to suicide among African American women veterans. The topic of suicide was identified as significant because current military members are more than twice as likely as individuals from the general population to commit suicide and suicide is the second leading cause of death among members of the Armed Forces (Monteith et al., 2018). The researchers identified resilience, social support, and religion as three protective factors related to suicide, with subthemes related to each of the major themes (Monteith et al., 2018). Based on these findings, Monteith et al. concluded that cultural beliefs

and practices are protectors against suicide, particularly among African American women veterans.

As presented earlier, there is a relationship between employment and homelessness (Chinchilla et al., 2019; Metraux et al., 2017). In a study by Moore et al. (2016), African American veterans had the lowest probabilities in return-to-work. Based on these findings, the researchers concluded there is a need for improved efforts and policy initiatives targeting veterans of color to improve return-to-work outcomes. The researchers explained the lack of attention to this issue is likely due to the lack of evidence and information related to return-to-work outcomes for veterans of color (Moore et al., 2016). As demonstrated in this section, there is evidence of disparities among African American veterans and literature related to homelessness among veterans and increased stress of being unemployed. The following section describes the relevant literature related to homelessness among African American veterans.

Homelessness Among African American Veterans

There is evidence that race is a factor related to homelessness as well as evidence that veterans represent a large proportion of the homeless population in the United States (Jones, 2016; Lowe & Debiez, 2019; Montgomery et al., 2015). Black veterans and veterans that had annual incomes less than $25,000 were more than one and a half times as likely to become homeless (Tsai, Hoff, & Harpaz-Rotem, 2017). However, there is a lack of literature on the factors or barriers related to homelessness among the specific African American veteran population, despite evidence that African American veterans represented approximately one-third of the homeless veteran population in 2018 (Carlson et al., 2018; Lowe & Debiez, 2019). Jones (2016) explained that understanding the relationship between race and homelessness is important in developing policies that effectively address the health needs of this population. To

explore these issues, Jones conducted a review of the literature. Specifically, the researcher reviewed literature that addressed the relationship between race and homelessness in the United States. Based on this review, the researcher concluded that there are differences in racial subgroups of the homeless population in the United States in terms of vulnerabilities, mental illness, health risks, behaviors, and service outcomes. Based on these findings, Jones explained that race must be considered as an important factor in effectively addressing homelessness.

Kondo et al. (2017) found there are a limited number of studies related to disparities among vulnerable veteran populations and mental illness. Of the studies that exist, there is a similar lack of consensus regarding the relationship between race and homelessness among homeless veterans. For example, the findings of the study by Byrne et al. (2016) were that groups at greater likelihood of unsheltered homelessness were male, those with White race, individuals with lower levels of Veteran Health Administration (VHA) eligibility, individuals with PTSD, and those with frequent use of inpatient and/or outpatient VHA services. Diagnoses of behavioral health problems and chronic medical conditions were also found to be linked to service utilization of unsheltered veterans (Byrne et al., 2016).

The findings of Byrne et al. (2016) regarding the risk factors of unsheltered homelessness do not support the findings of Lowe and Debiez (2019), which reflected an increased risk of homelessness among African American veterans. However, this may be because Byrne et al. focused specifically on the unsheltered homelessness of veterans rather than general homeless. Carlson et al. (2018) similarly expressed there may be a relationship between race and homelessness among veterans because although housing and vocational assistance can help with challenges of structural discrimination, there are greater rates of homelessness among veterans of

color than White veterans. Furthermore, the authors suggested there may be ways in which homelessness is related to trauma among veterans (Carlson et al., 2018).

To overcome issues of discrimination among veterans of color, group-based interventions have been implemented to address race-based stress and trauma in four different veteran sites (Carlson et al., 2018). The results of the intervention were that the interventions considered cultural competence and identity. Based on these findings, the researchers recommended that the intervention be used as a model for future interventions. The following section describes predictive modeling and studies addressing the barriers and ways to overcome barriers to housing among veterans.

Predictive Modeling and Overcoming Barriers to Housing Among Veterans

Expanding on the Fargo et al. (2017) study previously described, in addition to providing evidence of veteran status as a risk factor related to homelessness, the researchers used screening and health services data from approximately six million U.S. military veterans. Of the veterans screened, 45,284 (0.8%) were positive for current housing instability and 54,882 (1.0%) screened positive for risk of housing instability. The majority of those that screened positive for housing instability were living in a homeless situation. Based on these findings, the researchers concluded that early screening for housing instability and homelessness among veterans is possible to allow for early referral for prevention and intervention services. Fargo et al. urged that early identification of homelessness is necessary for prevention and intervention in a way that provides services and resources to those in need. They explained that health care centers, including clinics, hospitals, and systems, can be useful in identifying individuals who are at risk or experiencing homelessness.

Fargo et al. (2017) demonstrated the possibility of screening and detecting the risk of homelessness among the veteran population. Byrne et al. (2016) also described the use of predictive modeling to identify veterans experiencing housing instability and homelessness, developing and testing models capable of predicting housing instability and homelessness among those that responded to a screening instrument from the Veterans Health Administration (VHA). The source of the data for this study was the electronic medical record data of those that participated in the Homelessness Screening Clinical Reminder administered by the VHA. A total of 5.8 million veterans responded to the assessment and a random sample of 80% of the respondents was selected for this study. Byrne et al. concluded that predictive models could be developed to improve the screening instrument of the VHA to identify housing instability and homelessness among veterans and to inform strategies to address health care and homelessness.

Homeless veterans have expressed that their homelessness was primarily related to the military and situational factors related to certain themes. One example was unemployment and the breakup of the relationship (Metraux et al., 2017). Veterans in the study also expressed difficulties in accessing and obtaining services and assistance from the VA. Based on these findings, the researchers recommended more systematic and efficient approaches to engage veterans with VA services in an attempt to prevent or resolve the issue of homelessness among veterans. One approach found to be effective among the minority homeless veteran population is the use of peer mentors (Resnik et al., 2017). O'Toole et al. (2016) suggested that social determinants of health be integrated into clinical care to improve outcomes for high-risk homeless veterans.

As related to the findings of Metraux et al. (2017), Eliacin et al. (2016) highlighted individuals receiving mental health care services among the African American veteran

population. Eliacin et al. explained that while growing in importance, there is a lack of understanding of patient engagement. The authors also explained there is a lack of patient perspectives on patient engagement, particularly the perspectives of minority patients. Patient perspectives are important in improving patient participation and engagement in health care, particularly in mental health care services (Eliacin et al., 2016).

To address this gap, Eliacin et al. (2016) interviewed 49 African American veterans diagnosed with mental illness and attending routine medical management visits. In these interviews, participants identified barriers and opportunities for engagement in services. Of the 49 participants, 14 were homeless or had unstable housing. Based on the findings of the study, the researchers concluded that providers should better understand the different skills and strategies used by patients, including unhealthy ones, to better understand their needs and facilitate skills building in relation to their mental health care. In their literature review, Eliacin et al. provided the clearest evidence of the link between homelessness and mental health among the African American veteran population and the need to engage this population in mental health care in order to improve care outcomes. However, this study did not address how African American homeless veterans construct meaning in regards to their experiences with housing, mental health and social disparities. Most studies have also employed quantitative methods and there has been limited effort to understand these experiences from a qualitative standpoint.

Summary

As reflected in the literature, although race and veteran status have been identified in separate studies as a factor related to homelessness, there is a lack of conclusive information regarding mental illness and other disparities related to homelessness and health disparities in this population (Kondo et al., 2017). However, there is evidence that homelessness remains high

among the veteran population (Fargo et al., 2017; Montgomery et al., 2015; Weber et al., 2017). Similarly, there is evidence that African American veterans specifically face barriers regarding discrimination that may be related to their risk of experiencing homelessness (Carlson et al., 2018; Eliacin et al., 2016; Metraux et al., 2017; Peterson et al., 2018). Based on this literature, there is enough evidence that the factors, in particular mental illness, related to homelessness among African American veterans are unexplored and that the barriers to overcoming homelessness among this group are similarly unexplored. This study contributed to the literature by addressing this gap and identifying ways in which barriers related to mental health needs among the homeless African American veteran population can be removed for the purpose of creating greater social equity and fulfilling the needs of an underserved group. There have been no previous studies which have specifically addressed how African American homeless veterans experience and create meaning regarding housing, mental health, and social disparity within Dallas, TX. Chapter 3 describes procedures used to conceive and design this study utilizing phenomenological qualitative research involving African American veterans with mental illness.

Chapter 3: Research Method

Housing can be a problem to U.S. military veterans because of the various barriers and conditions that they experience (Cusack & Montgomery, 2018). The problem this study focused on was the need to understand how African American veterans' disparities, particularly mental illness, impact their ability to obtain housing. The purpose of this qualitative study was to explore how lived experiences of African American homeless veterans in regards to ethnicity, housing, mental health and being unhoused with the intent of creating or identifying meaning in regards to these experiences. To address the purpose of this study, a phenomenological methodology was used that encompassed the experiences of homeless African American veterans in the tradition of Vagle (2016). The Vagle (2016) text was selected because of its guidance on phenomenological data collection, although thematic analysis was used to identify themes that emerge from the interviews. This study was conceived as phenomenological (Vagle, 2016).

Positionality Statement

Effective change starts with gaining knowledge of how individual lived experiences and perspectives are connected. With regard to homelessness, I think this combination creates dialogue and encourages innovative approaches to address housing needs. I decided to implement phenomenological research in my study to allow researchers to move the conversation from how ethnicity and mental illness increases homelessness among African American veterans to ways of implementing change.

Along with mental illness, racial injustice plays a role in homelessness among African American veterans. The disproportionate number of homeless veterans is highest among African Americans, which brings society face to face with the deep wounds of systemic racism. As an

African American man, I experienced how toxic these wounds are and how they have gone unnoticed and ignored by privileged individuals. The deaths of George Floyd, Ahmad Aubrey, and Breonna Taylor caused by the hands of those trusted to protect us, has unveiled how racism is a part of our daily lives. I believe that now is the time for individuals from every background to become responsible for listening, learning, and speaking loudly to eradicate racial imbalance while recognizing that Black lives matter.

Moving the needle forward and growing in unity for a more just world by implementing strategies to address mental illness within the homeless African American veteran population is paramount. My research will be shared with spiritual and community leaders and organizations within the housing industry to help build community strategies. This collaborative effort will allow decision-makers to acknowledge and validate the voices and experiences of our forgotten African American heroes.

Methodology

Research Methodology

Qualitative research is designed to examine participants' perceptions. Qualitative research asks different questions than quantitative research, specifically open-ended and exploratory questions (Vagle, 2016). Based on the purpose of this study, a phenomenological methodology is appropriate in order to fully explore the barriers involving mental health difficulties that impact homelessness among African American veterans. Qualitative research is ideal for studying new phenomena and exploring the theoretical landscape that defines these phenomena (Merriam & Tisdell, 2015). In using a qualitative inquiry, my intent is to gain a deeper understanding and describe (or depict) how barriers involving mental health difficulties that impact homelessness among African American veterans may be addressed or removed.

Therefore, a qualitative methodology is more appropriate than quantitative methodology for this specific research.

Making use of a phenomenological methodology is appropriate when there is a need to explore a phenomenon using lived experiences from interviewing a certain population and how it creates or derives meaning in regards to these experiences (Firmin et al., 2016; Silverman, 2016). The current study is context-specific and is consistent with the qualities and Vagle (2016) protocol of phenomenological research. Also, this approach allowed researchers to obtain rich information from the lived experiences of people who experience the phenomenon first-hand and conduct further analysis. This knowledge will inform the research conception, design, and implementation.

Phenomenological research allows researchers to ask open-ended questions through interpersonal interviews and investigate the participants' responses more in-depth about their in lived experiences, perceptions, difficulties, and current situation. Researchers use this study methodology to address the *how* and *why* of certain phenomena (Silverman, 2016). Wilson and Washington (2007) stated that phenomenology provides an appropriate approach for conducting research with African Americans. The data gained from phenomenological research provides understanding and meaning that is authentic, and allows the researcher to view the lived experiences from African Americans' perspectives (Wilson & Washington, 2007). The phenomenon of interest for this study consists of how race and mental illness impact homelessness experienced by African American veterans. Based on the purpose of this study, a phenomenological methodology is appropriate in order to fully explore the lived experiences among homeless African American veterans.

The type of phenomenology best suited for this study was Moustakas' (1994) explanation of Edmund Husserl's transcendental phenomenology. Moustakas (1994) stated, "Husserl's transcendental phenomenology is intimately bound up in the concept of intentionality," meaning being aware and respectful to the lived experiences of the participants and "recognizing that self and the world are inseparable components of meaning" (p. 27). Transcendental phenomenology consists of intuition, which "is essential in describing whatever presents itself, whatever is actually given" (Moustakas, 1994, p. 31). However, a phenomenological researcher rejects personal experiences to the phenomenon of the study and remains objective to allow the intrinsic nature of the participants' lived experiences to emerge.

To examine an individual's instinctive feelings, "Husserl contended that no assumptions should inform phenomenology's inquiry; no philosophical or scientific theory, no deductive logic procedures, and no other empirical science or psychological speculations should inform the inquiry" (Neubauer et al., 2019, p. 92). Moustakas (1994) stated that participants must have an experience with the phenomena because the essence of their experiences resides within self and can be "discovered through reflection on subjective acts and their objective correlates" (p. 44). Transcendental phenomenology reveals the authenticity of a lived experience and provides a rational approach to derive meaning of those experiences (Moustakas, 1994). This type of phenomenology focus more on the narratives provided by participants and less on the analyses of the researcher (Creswell & Poth, 2018). This allows for the researchers to refrain from incorporating their experiences and approaching the phenomenon with a fresh perspective, referred to as epoche or bracketing (Creswell & Poth, 2018).

Research Design and Rationale. In this phenomenological study, I used an interpretative approach (Vagle, 2016). The use of an interpretive involves focusing on the in-

depth description and definition of a phenomenon and its characteristics with the purpose of describing the meaning derived by a group of individuals pertaining to their experiences (Vagle, 2016). I selected a qualitative design for three reasons: First, there is a need to investigate the descriptions of the barriers related to mental health needs among the homeless African American veteran population. Second, researchers suggested that this design is appropriate for exploring the descriptions of a phenomenon (Moustakas, 1994). The phenomenon explored involved the barriers involving mental health difficulties that impact homelessness among African American veterans and how to address these barriers. Third, exploring this phenomenon using a qualitative research design helps researchers with rich and thick data to be used as reference for future policy developments and research explorations (Vagle, 2016).

Other research designs were also considered for this study, including descriptive, grounded theory, and narrative research (Clandinin, 2016; Moustakas, 1994). However, addressing the purpose of this study is not aligned with the distinct characteristic of using just one of the other design options. The research approach is a qualitative, phenomenological inquiry into the lived experiences and meaning of African American homeless veterans regarding being unhoused, their mental health, and disparities pertaining to public services like health care.

Role of the Researcher

As the researcher, I served as a participant field note taker during data collection and analysis of this phenomenological study. Serving as a participant field note taker allowed me to collect field notes necessary to gain familiarity with homeless African American veterans experiencing mental illness, their values, beliefs, and way of life. Through the role of a field note taker, I established rapport with participants through their interactions while minimizing judgment and prejudice as a listener during data collection. Also, as a field note taker I became a

part of the group in order to better understand the social phenomenon of homelessness. As a qualitative researcher, I consider myself as an instrument. I was responsible for recruiting participants, taking precise field notes that encompassed data from participants, and analyzing data in order to generate deep understandings about the phenomenon of interest: mental illness as a barrier in the homeless status of African American veterans. Because of different phases wherein a researcher of a qualitative study has to interact with the participants, conflict of interest must be minimized (LeCroix et al., 2017). To address this issue, I ensured that family members, relatives, friends, close colleagues, and subordinates in the workplace were not recruited as participants of the study. I was also responsible for administering the informed consent process before recruiting an individual into the study. During data collection, I used a semistructured interview guide in order to ensure each participant was exposed to the same method of collecting data.

Target Population

The target population of this study was composed of two groups. The first group included African American veterans experiencing homelessness and currently living in community- and government-sponsored shelters in Dallas. The second group included advocates for the homeless in Dallas who were trying to make a difference in different ways. By having these two groups as the sources of data for this study, I established triangulation and fully addressed the purpose and explored the descriptions of (a) how the barriers involving mental health difficulties impact homelessness among African American veterans and (b) how these barriers can be removed or addressed. Triangulation entailed looking at similarities and differences collected in field notes while identifying themes across the two groups in order to strengthen the credibility of the final

findings. Therefore, the population for both groups was chosen because of their expertise and experiences aligned with the requirements of addressing the purpose of this study.

I coordinated with members of the Dallas Commission on Homelessness (DCOH) to gain access to potential participants. I obtained a list of contact information of homeless African American veterans and advocates for the homeless from the DCOH. I contacted potential participants from the list to invite them to be part of the data collection of this research.

Sampling Strategy

I conducted recruitment of participants using a combination of purposive sampling techniques (Barratt et al., 2015; Nath et al., 2019). This sampling approach is used to identify participants based on characteristics that are aligned with an intended purpose of the study and study's selection criteria (Barratt et al., 2015; Nath et al., 2019). Participant recruitment through purposive sampling is employed within qualitative research in order to collect relevant and rich data needed to address the purpose of the research (Etikan et al., 2016). Using purposive sampling for this study was appropriate because a specific group of targeted individuals were required to address the purpose of the study comprehensively. The selection of a purposeful sampling technique was optimal for this study because I needed to ensure that every participant selected could provide the information needed to answer the overarching research question of how mental illness contributes to housing barriers for African American veterans.

Sampling Criteria. Through purposive sampling, I recruited participants using a set of selection criteria (Nath et al., 2019). The participants were composed of two groups. The inclusion criteria for participation for the first group of participants were: (a) African American veteran, (b) retired from service for at least 1 year, and (c) currently living in community and government-sponsored shelters in Dallas for at least 6 months. The second group also had a

separate set of inclusion criteria, which were: (a) advocates for the homeless in Dallas, (b) shelter leaders or organizational leaders, (c) staff members of support programs that fund and support permanent housing to move individuals out of homelessness, and (d) clinical professionals for the veterans and the homeless in Dallas. I identified eligibility of the individuals by asking a set of screening questions during recruitment for interested participants before the informed consent process.

Sample Size and Data Saturation. In qualitative studies, the sample size does not usually require a large number of participants because the nature of involvement needed in this type of research is more intensive (Malterud et al., 2016). Hence, the sample for this study only included eight participants; each group had four participants. However, data saturation was achieved. Data saturation is often the metric or basis used to determine the adequacy of sample size by demonstrating in the initial analysis that every sentiment about the phenomenon has already been identified by the participants (Saunders & Townsend, 2016). This point typically occurs in samples of approximately 10 to 20 (Malterud et al., 2016). In qualitative research, sample size sufficiency is based on the data saturation point, which is the instant during data collection and analysis where no new data, no new code, and no new themes emerge from the information gathered from one participant (Fusch & Ness, 2015; Tran et al., 2016). After recruiting eight participants, if there were no new data, no new code, and no new themes that emerged, then data saturation was reached. However, if all three criteria for data saturation had not been satisfied, I continued to go deeper with the selected participants through purposive sampling to reach redundancy.

Data Collection

Data were collected using individual face-to-face semistructured interviews (see Appendices). This type of data collection method is conducive for qualitative studies because the strategic use of open-ended questions can facilitate an exchange that encourages participants to be detailed with their responses (Vagle, 2016). A semistructured approach allows for consistency while still enabling natural conversational flow needed to ensure rich data collection. Compared to structured interviews wherein every question is predetermined and has to be followed strictly, semistructured interviews have adequate flexibility to adapt to the individual differences of each participant (Galletta, 2013). Therefore, the main instrument for data collection was a semistructured interview guide. Using this guide ensured all questions during the sessions were aligned to the topic and research questions of the study (Kallio et al., 2016). I used an interview guide to set aside personal biases and maintain alignment of the questions with the topic of the study (Kallio et al., 2016). The purpose of the study and research questions were developed based on existing literature about homelessness among veterans (see Appendix D).

The questions in the interview guide were researcher-developed. Therefore, the trustworthiness of the data had to be determined. Three experts from the DCOH assessed something relating to representative of my participants' experiences to ensure the information collected used these resources and were credible and appropriate. These individuals maintained at least five years of experience in the field of social issues, were an advocate of homelessness, or managed homeless shelters in Dallas.

In the expert review, the aspects evaluated were: (a) appropriateness of wording and structure of questions and (b) appropriateness of interview questions to collectively and comprehensively address the research questions of the study. The experts gave their assessment

of the two aspects of the interview guide. Specifically, the experts assessed the proper usage of words and sentences in the interview guide based on the comprehension of its intended users. Then, the experts gave feedback about the sufficiency and suitability of the questions in terms of completely and properly addressing the research questions of the study. The experts collectively discussed possible changes to improve sentence structure and appropriateness of questions in the interview and focus group guide. Final recommendations for changes were given to me. I made the changes based on the common feedback from the experts in the panel review.

Procedures for Recruitment, Participation, and Data Collection

Recruitment Procedures. To establish initial contact with each potential participant, an email invitation or hand-delivered documentation (see Appendix B and C) was provided to prospective participants. The information included a description of the study, inclusion criteria for participating, scope of participation, and purpose of the interview. Those who were interested were asked to reply to the email or acknowledge the hand-delivered documentation so I could perform screening for eligibility by asking questions based on the inclusion criteria.

Informed Consent Procedures. Informed consent was attained at the beginning of the interview. Gaining the informed consent of each participant entailed giving each participant a document to read and discussing each section briefly. An informed consent form was given to participants to sign and send to me if they wished to participate. The consent form included information about the rights and roles of the participants in this study. The participants also were informed the interview for data collection was audio recorded. The interested participants had to read the contents of the consent form. If the participant agreed with the contents of the form, he or she had to sign two copies. One copy was maintained for my records and the remaining copy was left for the participant. If participants signed the informed consent form, they were

considered as respondents to the interview. After the process was completed, I asked the participants to affix their signature in the informed consent document to proceed with the interview proper.

Data Collection Procedures. After informed consent was attained, the individual semistructured interview was conducted. Questions included:

(a) What has prevented you from maintaining permanent housing?

(b) How has your housing situation limited your access to medical care?

(c) What resources would you like to see made available to assist you with your housing needs?

(d) Describe the experiences you have encountered that led to your homelessness.

(e) How has mental illness, including PTSD, played a role in your housing situation?

To minimize the possible inconvenience that can be brought about by the data collection, I made a proactive effort to conduct the interview in the location of preference for each participant. I accommodated requests for phone interviews or face-to-face interviews.

The individual semistructured interviews were approximately 30-45 minutes in duration and audio recorded with permission. Moreover, participants were thanked for taking part in the study after their interviews, provided with a small token of appreciation, and asked to contact me with any further questions and concerns. During the interviews, the primary investigator also observed the participants in order to take field notes and record the interviews. Upon completion of all the interviews, the data were transcribed and uploaded for coding and analysis.

Data Analysis Plan

The 6-step thematic analysis developed by Braun et al. (2014) was used to analyze the data. Thematic analysis is a coding technique for summarizing large quantities of qualitative data

into categories and themes (Nowell et al., 2017). The six steps include familiarization, coding, initial theme development, theme revision, theme finalization, and report generation.

The first stage involved in thematic analysis is data familiarization (Braun et al., 2014). To get familiarized with the data from the interview transcripts, the transcripts were read and reread until the coding process was commenced. The coding process is the methodology for dissecting qualitative data to facilitate data reduction, organization, and thematization (Blair, 2015).

The second step is the organization of the codes to form several categories (Braun et al., 2014). The several categories were based on putting inter-related codes into a single group. This step also resulted in the removal of several codes that do not fit in any of the emergent thematic categories (Crowe et al., 2015).

The third step is the identification of the relevant themes (Braun et al., 2014). To qualify for a theme, the code or codes for each category needs to be the most encoded or tabulated. This means that themes should be able to reflect the majority of the experiences of the participants (Maguire & Delahunt, 2017; See Appendix E).

The fourth step is the finalization of themes, which entailed examining each theme against the existing literature and the research question of the study (Braun et al., 2014). The goal of this stage of the analysis was to ensure the existing literature supports the themes. Another goal of this stage of the analysis was to ensure the themes were pertinent to the overarching research question. Otherwise, the theme was either modified or removed from the final list of themes (Maguire & Delahunt, 2017).

The fifth step is the examination of each theme and capturing its essence using a succinct but information-rich sentence (Braun et al., 2014). Defining each theme was a necessary part of

the process because each theme needed to be differentiated from one another. The short description of each theme provided short but relatively complete information on what the theme is about (Blair, 2015; Crowe et al., 2015).

The final step was the creation of a composite qualitative description of how the barriers of mental health difficulties that impact homelessness among African American veterans can be removed. This composite qualitative description was based on the themes derived from the analysis of the participants' interviews (Braun et al., 2014). This was implemented through the discussion of one theme at a time and ensuring the discussion was based on its relevance to answering the overarching research question (Crowe et al., 2015; Maguire & Delahunt, 2017). Findings were then considered with respect to their alignment with Maslow's hierarchy of needs and CRT, as well as how these two theories can inform understanding of the experiences of African American homeless veterans pertaining to homelessness, housing, mental health, and social disparities.

Issues of Trustworthiness

In qualitative studies, researchers have to address trustworthiness issues in order to ensure the validity of the study (Connelly, 2016; Lincoln & Guba, 1985). Trustworthiness may be improved through four elements: (a) credibility, (b) transferability, (c) dependability, and (d) dependability. The procedures for improving these elements of the study were discussed in this section.

Credibility

Credibility is a measure of the extent to which the data interpretations are true and similar to the intended meanings of the participants (Connelly, 2016; Lincoln & Guba, 1985). Credibility is equivalent to ensuring internal validity of the data (Lincoln & Guba, 1985). To improve

credibility, I performed an expert review of the semistructured interview guide. Because I conducted an expert panel review of the data collection instruments, credibility of the study also improved (Miles et al., 2014).

I conducted member checking to improve credibility. Member checking allowed the participants to review their responses for accuracy. To limit the potential threats from such events, I performed member checking to improve data validity (Birt et al., 2016). The transcript and the initial interpretations were sent to respective participants to ask for their feedback about the correctness and accuracy, via email or printed copies (Birt et al., 2016).

Another strategy used to establish the credibility of the study was through reflexivity. In qualitative research reflexivity is the process of being transparent with the relevant personal background and biases of the researcher in order to contextualize the positions of the research (Jooton et al., 2009). I devoted a section in the study about my professional and personal background relevant to the topic of homelessness.

Transferability

Transferability is the external applicability of qualitative research beyond its current context and boundaries (Connelly, 2016; Lincoln & Guba, 1985). To improve transferability, I provided thick description or complete discussion of the methods, procedures, and findings of the study. I attempted to collect full and rich explanations and present detailed descriptive data and direct answers of the participants. Through rich and thick descriptions, future researchers and readers can replicate the study with ease and assess the applicability of the findings to another context or population. Also, the identification of the participants was kept confidential through pseudonyms. The research situation or contextual components of the research was described as clearly and thoroughly as possible to enable future use of the research data.

Dependability

Dependability is contingent upon the consistency of what is being measured in the study (Cohen & Crabtree, 2006; Lincoln & Guba, 1985). Some threats to dependability may occur because of personal biases and researcher errors, which may affect the interpretations made from the data collected. I provided an audit trail to improve dependability for this study. An audit trail is a set of materials and notes that I as the researcher used to conduct a study in order to document the decisions and assumptions made throughout the implementation of a qualitative research (Cope, 2014). The participants were also allowed to review the results of the analysis within 7 days of completion by either email or in person to ensure that my personal biases did not influence the results.

Confirmability

Confirmability is the objectivity of the findings (Connelly, 2016; Lincoln & Guba, 1985). Ensuring confirmability was important in order to show that researcher bias did not influence the findings of the study. I minimized sources of subjectivity for a study to improve confirmability (Lincoln & Guba, 1985). An expert review of instrumentation is an effective means of improving confirmability (Miles et al., 2014). I also acknowledged any experience and expectation that was related to the study in order to avoid conclusions based on these biases rather than the actual data from participants.

Ethical Procedures

I used the Belmont Report as basis for ethical considerations in my research. According to the Belmont Report of 1978, three elements must be addressed: (a) respect for persons, (b) beneficence, and (c) justice (United States National Commission for the Protection of Human Subjects of Biomedical, & Behavioral Research, 1978). To show respect for participants, I

ensured confidentiality of identity, performed informed consent process, and eliminated any forceful acts to encourage participation. To make sure beneficence was upheld, I exposed participants to minimal risks during the interviews by avoiding the discussion of sensitive topics. To ensure justice was upheld, I kept all procedures reasonable. Therefore, participation was voluntary. Moreover, all actions and scope of participation was explained to the participants prior to them deciding whether they agreed to be a part of the study or not.

Confidentiality is another important aspect of qualitative research. I used pseudonyms to replace names of the participants. These pseudonyms were used when reporting data and results of the study. Data were stored in an encrypted file on the primary investigator's computer to prevent tampering. All participants were informed they were bounded by a disclosure agreement, as stated in the consent form. Therefore, the information from the interview was not disclosed to anyone who was not included in this study in order to keep confidentiality of participants and to ensure the information from the study was not quoted or copied prior to completion of the study.

Participation in the study was voluntary. As stated previously, all participants were given consent forms to read and sign before being a part of the study. I made the following information available on the informed consent form: (a) procedures for participation, (b) assurances of confidentiality and anonymity, (c) study risks, (d) researcher and IRB contact information, (e) disclosure, and (f) the purpose of the study. Only those who signed the consent forms were considered as part of the study.

I stored the physical data in a locked drawer. All digital data were kept in a password-protected hard drive. The physical data and hard drive will be stored in the same locked drawer for five years, accessible only to me. After 5 years, this data will be destroyed by erasing digital files and shredding any paper forms.

Summary

The purpose of this qualitative phenomenological research study was to explore how the barriers involving mental health difficulties that impact homelessness among African American veterans can be removed. The discussion in Chapter 3 is focused on the procedures for implementing qualitative descriptive research in order to address the purpose of this study. The target population of this study was composed of two groups: (a) African American veterans experiencing homelessness and currently living in community and government-sponsored shelters in Dallas, and (b) advocates for the homeless in Dallas who are trying to make a difference in different ways. I recruited 8-10 participants from the two groups employing purposive sampling. Data were collected through semistructured interviews. Data were analyzed using thematic analysis. In Chapter 4, I described the results using procedures described in Chapter 3. Chapter 5 concludes the study and contains a discussion of implications and directions for future research.

Chapter 4: Results

The purpose of this qualitative study was to explore the lived experiences of African American homeless veterans in regards to ethnicity, housing, mental health, and being unhoused with the intent of creating or identifying meaning in regards to these experiences. The U.S. Department of Housing and Urban Development (HUD) stated that African American veterans comprised 33% of homeless veterans in 2018, though they make up 12% of those that served in the military (HUD, 2018; Lowe & Debiez, 2019). Despite limited research, homelessness remains a concern among the African American veteran population (Lowe & Debiez, 2019).

Purposeful sampling was used to select four African American homeless veterans who lived in Dallas, Texas, and four additional individuals who in one way or another were involved in advocating on behalf of homeless veterans. The specific inclusion criteria for the first group of participants were being: (a) African American veteran, (b) retired from service for at least 1 year, and (c) currently living in and having lived in community and government-sponsored shelters in Dallas for at least 6 months. The inclusion criteria for the second group were: (a) advocates for the homeless in Dallas, (b) shelter leaders or organizational leaders, (c) staff members of support programs that fund and support permanent housing to move individuals out of homelessness, or (d) clinical professionals for the veterans and the homeless in Dallas.

The data were collected through individual semistructured interviews. This technique was considered most appropriate because semistructured interviews allow for consistency while still enabling natural conversational flow needed to ensure rich data collection (Vagle, 2016). Two semistructured interview protocols were prepared: one for the group of African American homeless veterans and one for the group of individuals who were in one way or another involved

in homelessness programs. Both protocols included five open-ended questions which would assist in addressing the research questions.

Initially, I planned to conduct all interviews face-to-face; however, due to the COVID-19 pandemic the interviews were conducted through Zoom, a web conferencing platform. Separate arrangements were made beforehand to make sure participants from both groups were able to participate without issues. To this extent, for the first group the agency provided a private, quiet, and safe interview room where I preset the video recording equipment, and left a sealed box for signed consent forms, two consent forms to be signed and one envelope for the participant's copy, and debriefing letter. I also placed the TracFone with 4 hours of airtime on the table which was used during the interview. The interviews with participants from group 2 were similarly conducted, and a similar process was followed. Group 2 attended one semistructured audio recorded interview session. Prior to the interview I informed the group 2 participants they must choose a quiet, private, and safe room from which to participate.

Prior to each interview, I discussed informed consent with the participant and answered all questions of the participant. This set the tone of the interview for the participants to feel comfortable and to be transparent with me (Vagle, 2016). Provided that the participant had no questions and was still happy to proceed, the participant was asked to sign both consent forms, place one in the unmarked envelope to take along and place the other signed copy in the sealed box. Once this step had been completed, I activated the video camera remotely and started the interview, which was video recorded. I used my cell phone recorder as a back-up device.

To elicit the description of the lived experiences, phenomenological interviews were moderately unstructured (Kallio et al., 2016). Interviews were transcribed verbatim and depersonalized. This means all identifiable information in the transcripts was removed, and

participants were given pseudonyms to protect their identity. The pseudonyms were in the form of Participant Number_GroupNumber (e.g., Participant 1 from the group of African American veterans was referred to as *Participant 1_Group1*). Through member checking, participants were asked to verify their responses and confirm the transcripts were accurate. Once confirmed, the transcripts were imported into NVivo 12, qualitative data analysis software which aided in the coding process of the data. NVivo 12 was useful for collecting, organizing and analyzing data. It provided a deeper awareness and expounded the meaning, structure, and essence of the phenomenon, needed to address the participants' lived-experiences (Vagle, 2016).

The specific analysis technique that was deployed was the 6-step thematic analysis developed by (Braun et al., 2014). The six steps included: familiarization, coding, initial theme development, theme revision, theme finalization, and report generation. More specifically, the following process was followed. With regard to familiarization, the first step of thematic analysis, the transcripts were read and reread until I became comfortable and familiar with the data. During this step I maintained field notes regarding prominent similarities and differences between participants, such as eye contact, appearance and verbal actions. This approach allowed for consistency while still enabling natural conversational flow needed to ensure rich data collection and having adequate flexibility to adapt to the individual differences of each participant (Galletta, 2013). In the second step, interviews were fully coded by highlighting short phrases or sentences that represented a certain idea and giving them a code name. This process was repeated for all eight transcripts. Similar ideas were put under the same code.

During the third step, which was initial theme development, codes were reviewed and grouped under overarching themes. To qualify for a theme, at least 50% of participants had to have mentioned a specific idea. In the fourth step, themes were reviewed and named. More

specifically, themes were examined against the existing literature and the research questions of the study to make sure they aligned with the research purpose and questions. Themes that were evaluated as not relevant were removed.

In the fifth step, themes were examined and finalized, and were given a unique name that would capture their essence by using a succinct but information-rich sentence. Defining each theme is a necessary part of the process because each theme needs to be differentiated from one another (Maguire & Delahunt, 2017). The final step was the creation of a composite qualitative description of how the barriers of mental health difficulties that impact homelessness among African American veterans can be removed. This composite qualitative description was based on the themes derived from the analysis of the participants' interviews. Participants were given pseudonyms to protect their identity. The participants received a copy of their transcript to read for accuracy. Participants in Group 2 asked to read the study once published.

Following are the results in the form of five key themes, and sub-themes. Direct participant quotes were used to support claims. These themes and subthemes were created to assist in answering the research questions in Chapter 5.

Research Questions

Data collection and thematic analysis provided more clarity for answering the three research questions which guided this study:

RQ1: What distinctive features or characteristics have played a role in the well-being of African American veterans in Dallas, Texas?

RQ2: How does a select group of African American veterans derive meaning from their lived experiences of race, mental illness, and homelessness?

RQ3: What practices and strategies emerge that you view as most influential to address homelessness for African American veterans?

The use of phenomenology research explores the authenticity of a lived experience and provides a rational approach to derive meaning of those experiences (Moustakas, 1994). This type of phenomenology was used and focused more on the narratives provided by participants and less on the analyses. A phenomenological researcher disregards personal experiences to the phenomenon of the study and remains objective to allow the intrinsic nature of the participants' lived experiences to emerge.

The eight participants were encouraged to speak about the rising issue of homelessness in African American veterans in the United States. Their experiences and perceptions were viewed as significantly contributing to a fresh perspective of the phenomenon. The participants were open, honest, and transparent about their experiences. Moustakas (1994) stated that participants must have an experience with the phenomena because the essence of their experiences resides within self and can be "discovered through reflection on subjective acts and their objective correlates" (p. 44). This phenomenon revealed the authenticity of the participants' lived experience and provided a rational approach to derive meaning of those experiences. Eye contact, facial expressions, and body language aided in a positive interview.

Allowing the use of interpersonal interviews to ask open-ended questions and probe for in-depth responses on race appeared to make several of Group 1 participants uncomfortable. Creswell and Poth (2018) emphasized that phenomenology searches for meanings and essences of lived experiences revealed through one-on-one interviews. Literature suggests that dialogue on race among African Americans can be difficult due to the cultural wounds experienced over centuries of mistrust and mistreatment. In particular, some African American communities may

be more reluctant to have a discussion on race, even though research suggests it may benefit socioeconomic conditions and avoid complacency (Cross et al., 2018). Race, therefore, provides a framework for the importance of exploring the barriers related to homelessness among African American veterans (Ellis & Geller, 2016; Wenzel et al., 2019).

Effective change starts with gaining knowledge of how individual lived experiences and opinions are connected. This combination creates dialogue about homelessness and encourages innovative approaches to address housing needs. This phenomenological research was designed to allow researchers to move the conversation from how mental illness and race increases homelessness among African American veterans to ways of implementing change.

The disproportionate number of homeless veterans is highest among African Americans, which brings society face to face with the deep wounds of systemic racism (Jones, 2016). As an African American man, I have experienced how toxic these wounds are professionally and how they have gone unnoticed and ignored by privileged individuals. I believe now is the time for individuals from every background to become responsible for listening, learning, and speaking loudly to eradicate racial imbalance while recognizing that black lives matter.

Moving the needle forward and growing in unity for a more just world by implementing strategies to address mental illness within the homeless African American veteran population is paramount. My research will be shared with spiritual and community leaders, and organizations within the housing industry to help build community strategies. This collaborative effort will allow decision-makers to acknowledge and validate the voices and experiences of our forgotten African American heroes.

Table 1 provides information on the demographic characteristics of the four participating veterans. The information gives details on participants' gender, which war(s) they served in and

for how long they have been a veteran. All four participants identified as African American.

Table 2 shows the demographic characteristics of the second group of participants including

gender, role, and years of experience.

Table 1

Demographic Characteristics of Group 1

Participant Code	Gender	War(s) Served In	Length of Service	# of Years With Veteran Status
Participant 1_Group1	Male	Gulf War (1990-1992), Iraq War (1995-1996)	3 years	24
Participant 2_Group1	Female	Gulf War and Iraq War (1992-1996)	4 years	24
Participant 3_Group1	Male	Afghan War (1st and 2nd phase; 2001-2005)	4 years	15
Participant 4_Group1	Male	Afghan War (2nd and 3rd phase; 2005-2010)	5 years	10

Table 2

Demographic Characteristics of Group 2

Participant Code	Gender	Role	Number Years of Experience
Participant 1_Group2	Female	Clinical professional (speech pathologist)	15
Participant 2_Group2	Female	Banking industry and advocate for homelessness	30
Participant 3_Group2	Male	Chief executive officer in banking industry	35
Participant 4_Group2	Female	Assistant shelter leader	20

Results

The thematic analysis of eight in-depth interviews with four African American veterans and four individuals who were in one way or another involved in homelessness programs resulted in the development of five key themes. Each theme contributed to a better understanding of at least one research question.

Theme 1: Role of PTSD in Current Living Situation

All four participating veterans stated they suffer from PTSD – whether it was self-diagnosed or not. They all also stated they still suffered from their traumatic experiences during the war, and implied their trauma may serve as the basis for their incapability to have a stable life. Participant 1_Group 1 explained that "I was diagnosed with PTSD a long time ago" and believed that this mental health status had contributed to "losing my job and my house."

Similarly, Participant 2_Group 1 shared that when she served, "those were four years of my life that I just you know I just can never forget" and that as a result "I have lost two jobs."

Participant 3_Group 1 shared that "it's just been a struggle trying to maintain housing and eating right and getting proper medical attention just based on some of the things that I've experienced during the war." The participant continued and explained:

I've suffered from PTSD which was diagnosed, you know, when I got out of service. I drink a lot of alcohol. It also, you know, I suffer from depression so a lot of that is taking a big toll on my living arrangements.

Participant 4_Group 1 echoed a similar experience:

I've had a lot of bad experiences with drugs and alcohol abuse [because] those five years I've seen a lot. And I can't say that I would want to be in there anymore. I have dreams about all the flashing gunfire and artillery all around me and it was so disturbing.

Besides mental health issues, this participant also stated they had "developed a police record" over the years, and that "it's hard to find housing with those kinds of things on your back." As a result, "I've been living in and out of shelters for about 10 years."

Theme 2: Perceived Lack of Governmental Support

A shared observation among the participating veterans was there is a lack of governmental support for U.S. veterans. These participants explained that when they enlisted for the U.S. military, they expected they would be able to enjoy many benefits after their service. Unfortunately, they did not find this expectation to be true. Participant 2_Group 1, for instance, shared "they say that lots of good things come with veterans, but I can't say that I have received any of them." More so, this participant stated "I've just been forgotten by the government and just been lost ever since." Participant 3_Group 1 echoed a similar disappointment and stated "I

feel like after serving our country I haven't been respected as a veteran based on some of the expectations I thought I was going to get." This participant stated "the moment I got out of the service, I felt like they turned their back on me."

Participant 1_Group 1 and Participant 4_Group 1 likewise stated they would have liked more support from the US government. Participant 4_Group 1 stated: "I wish that I had more benefits as a veteran but I'm proud to be one."

Participant 1_Group 1, stated in conclusion, "I've been a veteran for about twenty years and proud of it, but I just wish I had, or there was a little bit more help maintaining my life. I mean help for veterans from our government."

Theme 3: Role of Family and Friends

All four veteran participants noted the important role of family, although none had any close family in the neighborhood, or a close connection with their family. Participant 1_Group 1 said in this respect that "I don't have any family in the immediate area." Luckily, this participant did have "good friends and lots of things to do in Dallas," which seemed to have a positive impact on his overall attitude. Participant 2_Group 1 and Participant 4_Group 1 were not as lucky and did not seem to have a social support system at all. Participant 4_Group 1 explained "I've lost a lot of good relationships." This participant attributed this to his past alcohol and drugs addictions. Participant 2_Group 1 likewise shared they did not have a strong support system, but attributed this to their past experiences with physical abuse. The participant explained:

I've been physically abused over the years so relationships are difficult for me. Even my relationship with my family, my daughter wants me to come and live with her again, but I cannot support the abuse she is receiving from her boyfriend.

Although these two participants attributed their lack of having a social support system to different reasons, what they had in common was the idea their social relationships had deteriorated as a result of personal issues and a negative well-being. Interestingly, only Participant 3_Group 1 said to "have lots of friends and family here." Contrariwise to the other three participants, this participant seemed to have a strong support system and stated: "I love Dallas because people try to help people as much as they can." This participant appeared to have a positive outlook on housing options as compared to the other group 1 participants.

Theme 4: Shame vs. Positive Outlook

Subtheme 1: Shame. A first subtheme related to three participants' shared feelings of shame and embarrassment for their past and current situation. The three participants who mentioned this subtheme implied as if they were failures because of their current circumstances, and this clearly seemed to impact their well-being. Participant 1_Group 1 explained "I don't like what I see even though it's reality" and shared: "I want to be the person I want to be and not the person you see." This statement suggested that this participant was disappointed in themselves. Similarly, Participant 2_Group 1 reported they feel ashamed of their current circumstances – especially being a veteran – and explained "I barely tell anyone that I served because of my current situation." The participant explained "I only use my status to get healthcare services and housing when I can." Participant 4_Group 1, to conclude, also shared they feel ashamed and embarrassed, but more so about their past than their current situation: "I've been in and out of the shelters for about ten years now. I've had a lot of bad experiences with drugs and alcohol abuse and I'm not proud to say that."

The reason for feeling ashamed is partially attributed to healthcare stigma. As Participant 1_Group 2 explained, many people think "you work hard and get to where you need to be and if

you need help from a medical standpoint you go get help granted." The participant admitted they had their presumptions about homeless individuals themselves, and would subconsciously link homelessness automatically to mental health issues and danger. This participant stated:

> I will say it's kind of a scary thing for me. I've never been around homelessness and you know when I drive by homelessness I just kind of turn my head and I am a little afraid. I feel unsafe, I feel unsafe around homeless people and because I just don't know what to expect from a man with mental illness if they're on drugs, so I'm very cautious as far as my surroundings when I'm around homelessness.

Subtheme 2: Positive Outlook. Although all four participating veterans reported struggling with their current situation, three of them stated that regardless, they remained optimistic. They indeed implied their situation was not the end of the world, and other individuals may be even worse off than them. As a result, participant 4_Group 1 explained they had come a long way as they used to have a serious alcohol and drugs addiction, and that even though he stated his embarrassment about that, "I'm just glad to be alive right now." Participant 3_Group 1 echoed a similar feeling and explained "I'm glad to be able to live somewhere where somebody cares." To conclude, Participant 2_Group 1 explained they were seeking opportunities to improve their situation, and although they recognized this would take time, the participant stated they "feel blessed to be here." These quotes illustrated how regardless of their current situation, participants recognized and appreciated the help they were receiving from the shelters and various programs, even though they were not considered perfect, and government assistance could certainly be improved, as mentioned in an earlier theme.

Theme 5: Strategies to Address Homelessness

All four participating advocates agreed there are various strategies and programs to address homelessness in the African American veteran population. Overall, the participants mentioned three strategies: (a) shelter, (b) food provision, and (c) medical attention.

Subtheme 1: Shelter. All four participating advocates mentioned the provision of shelter as a main necessity to address homelessness in the African American veteran population. Participants mentioned various projects, signifying there are many sheltering programs and initiatives in Dallas, Texas. Participant 3_Group 2, for instance, stated:

I serve as the chief executive officer for the Bank of Texas in their community investment bank division. What we do is that we look at community investments for not only homelessness opportunities but for affordable housing opportunities and homelessness does fall within the affordable housing realm. You know with the significant impact of the increase in homelessness over the last year in Dallas, we are seeing a significant need to produce housing so my job at the bank of Texas is to look at multiple investment opportunities with different developers. The bank's goal is on increasing the number of housing permanent housing structures and initiatives within the city.

Participant 2_Group 2 added: "I've worked with homeless shelters to help establish permanent housing for the homeless veterans and also established community based programs and working with HUD and different other financial institutions to address homelessness in the city of Dallas."

This participant also explained "we all work together to increase the transition in housing from homelessness shelters to permanent housing for homeless individuals." Regardless of these

positive views, three participants did warn there are a growing number of homeless individuals in Dallas – mostly as a result of COVID-19 – and shelter programs need to invest in making sure they can follow this growing number. As Participant 1_Group 2 mentioned: "it sounds like there's not enough because it just seems like it keeps growing and growing." Participant 2_Group 2 echoed this idea and stated:

> Homeless shelter has grown significantly over the last 20 years however I would say probably four years ago started to decline but now it's seeing a dramatic increase based on the COVID-19 issues and homelessness has become a huge issue within our city.

Participant 4_Group 2 further added:

> I've seen homelessness grow to its peak and then I've been a part of the decline in homelessness in Dallas because of different initiatives that have been maintained funding that has been provided. Now I'm seeing a significant growth in homelessness due to COVID-19 and the economic condition of the job loss within the city of Dallas very concerning because of the huge spike that has occurred just within the last year and we don't know where this is going.

This participant continued and added that a lack of investment in this industry is likely going to affect available housing in the near future:

> We are seeing a significant increase in expenses but we're not seeing a large increase in funding come our way so it's very concerning as to where a lot of these homeless folks are going to go since we are at capacity just about every single night, and it's very, very disturbing.

This concern was shared by Participant 2_Group 2, who said: "homelessness has been forgotten about as far as investing in those communities that have seen an increase in homelessness."

Lastly, a different concern was shared by Participant 1_Group 2, who said the programs are not necessarily effective in the sense they alleviate homelessness. Rather, this participant believed "programs are just kind of a crutch in order to help get to the next program."

Subtheme 2: Food Provision. Two of the four advocates mentioned food provision as an important strategy to address homelessness. Without food, these participants commented, shelters would not be able to function properly. To this effect, collaboration with nonprofit/government sponsored organizations, religious institutions, and grocery stores was promoted. Participant 2_Group 2 shared:

> I do work with several nonprofit agencies and other churches and other groups to help make sure that there is food that is delivered to the homeless shelter so they have enough on hand to feed the homeless population that they may have in any given day.

Participant 4_Group 2 added:

> We provide food we secure from different grocery stores and that, you know, is not spoiled but you know they're looking to get rid of. Restaurants are huge in providing food for us, also churches and also individual contributors are huge contributors to our program.

Subtheme 3: Medical Attention. A third and last subtheme related to the four participating advocates' ideas regarding the need for medical attention for homeless African American veterans. The results clearly illustrated that such support is much needed, and veterans make use of these services. Participant 1_Group 2 said in this respect: "I do work with several homeless individuals that are veterans that come to my place of employment for health care services." Participant 2_Group 2 added:

I have not been involved in the clinical aspect and I'm not a clinician however when I am

presented with opportunities to seek out health care for certain homeless individuals, I do

refer them to certain programs that they could benefit from. Like for example the VA has

a nice program that focuses in on veterans' mental health issues as well as Parkland

Hospital here in the city of Dallas.

This statement suggested there are resources available for African American veterans, and these

resources are easily accessible. Participant 3_Group 2 shared a similar thought:

I do not interact with the clinical environment or staff; however, we do support those

institutions that are interested in building medical offices, some type of clinical support

within the community that can be used to assist the homeless in addressing some of their

perhaps mental health issues, other issues that they may be having, medical issues or drug

abuse issues. So, we do support those types of initiatives but I am not directly involved.

To conclude, Participant 4_Group 2 even stated that in the shelter where they work, clinicians

often visit to check up on the homeless individuals in the shelter:

I am involved with some clinicians that may come to visit our shelters to check on some

of our homeless folks their medication and just kind of do some general observations.

We'd like that because it does tell us who we kind of need to watch over in the event that

they come stay in a shelter more than one or two days. We have their name, we kind of

have a brief history of other medical conditions, so it's good to have a clinician come in

and kind of do just an overall assessment for our needs as well.

Collection and interpretation of the current study's results were in line with critical race

theory and Maslow's (1943) hierarchy of needs. The critical race theory informs the injustice of

African Americans and frames the significance of exploring how the barriers that impact

homelessness among African American veterans can be removed (Ellis & Geller, 2016). When applied to the experiences of homeless African American veterans, critical race theory has been used to frame this type of oppression to understand the role of social power and the need for increased dialogue.

Although the participants of this study did not mention race as a factor in influencing their lived experiences, the literature has suggested that racial stigma makes it even harder for African American veterans to improve their housing situation. These findings may be due to a lack of attention on race during the interviews. Unfortunately, the lack of data on race did not provide insight on this important topic, as literature has clearly suggested.

These results seem to align strongly with Maslow's hierarchy of needs. They suggest that physiological needs, such as food and shelter, are by far the most important ones, followed by safety needs, which include medical assistance, and love and belonging, esteem, and self-actualization. Maslow's (1943) hierarchy of needs (see Figure 1) informs the importance of a place to call home as a basic physiological need that is necessary for human beings to flourish.

Chapter Summary

This chapter reported on the themes (and subthemes) that emerged from the eight individual in-depth interviews with four African American veterans who were homeless, and four individuals who were in one way or another involved in programs that address homelessness in Dallas, Texas. A qualitative phenomenology design with in-depth interviews and a thematic analysis approach resulted in the development of five key themes: (a) role of PTSD in current living situation, (b) perceived lack of governmental support, (c) role of family and friends, (d) shame vs. positive outlook, and (e) strategies to address homelessness.

Overall, the collection and analysis of the data, and field notes provided conclusive evidence that PTSD plays a significant role in the well-being of African American veterans. The findings suggested that PTSD is also a main contributor to unemployment, deterioration of social relationships, and ultimately homelessness. Veterans' perceptions of insufficient governmental support further contributed to negative well-being. With that in mind, providing the necessary support for veterans is paramount. In this regard, three key strategies were mentioned: shelter, food provision, and medical attention. Both groups agreed that these strategies would assist in helping the homeless. However, implementing these strategies has been inefficient. In other words, strategies being developed by advocates are not reaching those in most need. The following chapter presents the discussion as it relates to the three research questions, past literature, and theoretical framework, as well as recommendations.

Chapter 5: Discussion, Limitations, Recommendations, and Conclusion

Homelessness among U.S. military veterans continues to be a significant problem in the United States (Tsai et al., 2016). For veterans transitioning to civilian life, housing can indeed be a substantial problem because of various barriers and conditions (Cusack & Montgomery, 2017). PTSD is one such barrier (Cross et al., 2018).

Among the homeless veteran population with mental illness, race is an additional factor that can determine propensity towards homelessness (Jones, 2016). For instance, African Americans have historically been overrepresented in the homeless population since the 1980s (Jones, 2016). Hence, African American veterans are significantly more likely to become homeless compared to veterans from other racial backgrounds because of various reasons such as poor access to resources and mental health treatment, inadequate local policies, poverty, housing discrimination, and a history of incarceration (Montgomery et al., 2015).

This qualitative phenomenology study drew on the critical race theory (Ellis & Geller, 2016) and Maslow's (1943) hierarchy of needs (Wenzel et al., 2018). It was designed to understand African American homeless veterans' lived experiences in regards to ethnicity, mental health, and being unhoused. This chapter includes interpretations of the results reported in Chapter 4 and answers to answer the research questions of this study based on participants' responses and past literature. This chapter also discusses the limitations of this study and the recommendations for future research and practice.

Discussion of Findings

Findings Related to Research Question 1

RQ1: What distinctive features or characteristics have played a role in the well-being of African American veterans in Dallas, Texas?

The findings resonate with existing literature as research on PTSD indicated this disorder could affect various aspects of a person's functioning, underscoring its potential barrier towards family healthy living (Cross et al., 2018). For example, Carlson et al. (2018) suggested that homeless veterans face the same challenges as nonveterans, such as substance use, unemployment, and mental illness, but also face the additional burdens of military-related burdens such as PTSD, traumatic brain injury (TBI), a history of multiple deployments, and military experience that may not be transferable to the civilian employment environment (Johnson et al., 2013).

An overarching theme from the four participating veterans stated they have PTSD, whether clinically or self-diagnosed. Also, it was a common theme that PTSD was reflected in the discussion of the traumatic experiences from the war, and participants implied their trauma might serve as the basis for their incapability to have a stable life. Although I have spent time around veterans and heard stories of their PTSD, I did not realize it is a significant health issue among veterans. Gaining insight from homeless African American veterans regarding mental health and their perspectives on PTSD, particularly among minority patients, are also crucial for improving homelessness. Based on these findings and exploring the complete picture of homelessness barriers among African American veterans will also address their mental health care needs to provide healthy living conditions. These findings aligned with Maslow's (1943) fifth group of needs: self-actualization. The results indeed suggest that veterans' inability to control the course of their own life may negatively impact their well-being. Some participants stated feeling embarrassed about their living situation, illustrating the need for self-actualization. Although this study did not find evidence for the presence of racial stigma, previous studies have

suggested many Black homeless veterans have negative well-being due to racial stigma (Markowitz & Syverson, 2019).

Participants' second distinctive feature that plays a role in African American veterans is the perceived lack of governmental support. The results of this study suggested that the government does not provide the expected support. This was considered problematic among Group 1 participants and resulted in participants feeling forgotten by society. Maslow's (1943) theory of needs states that safety needs are essential after physiological needs; these findings were not surprising. Many individuals enlist for the military to enjoy veteran benefits such as educational, financial, and medical assistance afterward. If these expectations are not fulfilled, veterans developed feelings of disappointment and may felt forgotten by society. Out of desperation, veterans may engage in dangerous and unhealthy behavior and may develop addictions, as some participants in this study mentioned. These findings identified shared observations among the participating veterans. The participants explained that when they enlisted for the U.S. military, they expected they would enjoy many benefits after their service but did not find this expectation to be accurate. I found this perception from the participants to contradict my professional experience and discovered a greater need for participants to learn *how* to access these government-sponsored programs. My expertise in monitoring government-sponsored programs, mainly the Supportive Services for Veteran Families (SSVF) program, aims to prevent homelessness. The primary focus of the program is to assist those experiencing crisis homelessness through a rapid re-housing program. Also, the program addresses the predictors of homelessness among those in the programs and mentored homeless individuals on ways to pursue permanent housing. As a result, the prevention program had fewer single adult veterans and veterans with families who experienced homelessness after completing the SSVF program.

A third factor contributing to African American veterans' well-being referred to the role of family and friends. In this regard, the results suggested that having a support system was essential, and the lack of such could negatively impact veterans' well-being. In the context of Maslow's (1943) theory, love and belonging are indeed categorized as a third most crucial need. Maslow argued that humans are social beings who need social contact to maintain good mental health, hence illustrating the vital role family and friends play in African American veterans' well-being. Although none had close connections nearby, I concur that family and friends are essential for healthy living. I experienced the suicide of a close friend after graduating from high school. If they could have reached out to family and friends to talk about their situation, it would have prevented their situation. When comparing my personal experience to the participants' reflections, I expected the participants to speak of suicidal thoughts. Researchers concluded that veterans with histories of homelessness were 7.8 times more likely to have attempted suicide than veterans with no history of homelessness. Also, nonveterans with histories of homelessness were 4.1 more likely to have attempted suicide than nonveterans with no history of homelessness. From these findings, Tsai and Cao (2019) determined that lifetime homelessness was associated with lifetime suicide attempts in both veterans and nonveterans. The researchers concluded there is a link between homelessness and suicide, particularly among veterans. For this reason, there should be greater integration of homelessness and suicide prevention to benefit those that may be at high risk of suicide and homelessness.

Findings Related to Research Question 2

RQ2: How does a select group of African American veterans derive meaning from their lived experiences of race, mental illness, and homelessness?

The critical race theory informs African Americans about injustice and frames the significance of exploring how the barriers that impact homelessness among African American veterans can be removed (Ellis & Geller, 2016). When critical race theory was applied to the participants' experiences, it helped me understand social power's role and the need for increased research (see recommendations for future research).

Although this study's participants did not mention race as an issue influencing their lived experiences, the literature has suggested that racial stigma makes it even harder for African American veterans to improve their housing situation. Jones (2016) explored race as related to homelessness and found that African Americans have been overrepresented among the United States' homeless population. Also, both African American and homeless people have higher mortality and morbidity rates (Jones, 2016). I found it particularly interesting during the interviews that participants did not mention race as impacting their well-being or homelessness situation. Based on experiences in African American culture, I thought race should be a primary concern, but the participants' survival includes shelter and food. This, however, does not necessarily mean that race does not play a role in their living situation. Therefore, as an African American researcher, it is my goal to build a greater understanding of the relationship between race and homelessness to develop policies that effectively address homelessness.

Literature suggests that dialogue on race among African Americans can be complex due to the cultural wounds experienced over 400 years of mistrust and mistreatment. When I applied critical race theory and literature to frame this type of oppression and the role of social power, the need for increased dialogue and conflict resolution became apparent. Some African American communities may be more reluctant to discuss race, even though research suggests it may benefit socioeconomic conditions and avoid complacency (Peterson et al., 2018). Even

though I probed for questions around race, it became apparent that race was not the participants' immediate concern, and they began to change the subject and ask about my background. It was implied by the participants that my race, as an African American researcher, influenced their transparency with regards to discussing their situation.

Regarding the meaning of mental illness, participants stated that - as mentioned in RQ1 - mental illness had significantly contributed to their current living situation. Three out of the four veterans also said feeling shamed about their living situation, suggesting they attached a negative connotation to the concept of homelessness. In Maslow's (1943) theory, esteem is considered the fourth most important need. Considering participants in this study perceived homelessness as a shameful reality, the need for esteem, as defined in Maslow's pyramid, was not met.

Shared feelings of shame and embarrassment for their past and current situation were shared among participants. They also implied they were failures because of their current circumstances, which seemed to impact their well-being. As an African American, I have experienced firsthand how limitations to employment, education, healthcare, and other community resources are needed to make an individual flourish and not feel ashamed. For example, I experienced employment discrimination, purposely overlooked educational resources to pursue higher learning, and saw my father's health diagnosis ignored by health care professionals. Montgomery et al. (2015) determined that factors related to homelessness among African American veterans are having less than high school education, accessing informal income, having a history of foster care, incarceration, or substance abuse can add additional stress factors. The researchers also found that increased mortality was related to being homeless and being female. Based on these findings, I am convinced that identifying, reaching out, and providing support to vulnerable populations will help create a more positive outlook.

Although participating veterans reported struggling with their current situation, three of them stated they remained optimistic. They implied their situation was not the end of the world and other individuals may be even worse off than they are. I have often thought my struggles in life were the end of the world, but as I grew in faith, I knew that God has a plan for me, and it is a plan more incredible than I could ever imagine. It became evident with two of the participants how religion was the basis of their being, and they shared a prayer with me after the interview. Their willingness to share their faith gave me further insight into their current situation.

Findings Related to Research Question 3

RQ3: What practices and strategies emerge that you view as most influential to address homelessness for African American veterans?

Concerning the practices and strategies that exist to address homelessness, participating advocates suggested three strategies: shelter, food provision, and medical attention. All three strategies are part of Maslow's first category: physiological needs. All four participating advocates agreed on various strategies to address homelessness in the African American veteran population. Overall, these participants mentioned plans should be based on (a) shelter, (b) food provision, and (c) medical attention. This study's advocates suggested that shelter is a first and foremost necessity, and there are plenty of such shelters available in Dallas. A second strategy referred to the provision of food, which was considered the second most important need. Participating advocates explained they work together with many stakeholders, including churches, NGOs, food stores, restaurants, and individual contributors, to this effect. Lack of food did not seem to be an issue, so this need, as recorded in Maslow's theory, seemed fulfilled. Lastly, participants mentioned the need for medical attention as a third strategy. In this regard,

participants again implied that medical attention programs are present and there are sufficient opportunities for African American veterans to use these programs.

Participants mentioned various projects, signifying many sheltering programs and initiatives in Dallas, Texas, but lacking the actual structures to house individuals is needed. I concur that housing is insufficient in Dallas, Texas, and I have experience working with financial institutions and other government agencies to address this housing shortfall. Advocates provide many different resources, but participants indicated that access to those resources requires a lot of paperwork, transportation to the advocate's office, and a lot of time for results. Also, food provision is an important strategy to address homelessness conveyed by advocates. Continued collaboration with nonprofit/government-sponsored organizations, religious institutions, and grocery stores was promoted. I have been involved in my Church's efforts to volunteer my time to collect food and other contributions to assist homeless individuals. This involvement provides me the opportunity to give back to those in most need. The last subtheme relating to homelessness strategies relates to medical attention for homeless African American veterans. As mentioned previously, I concur that such support to address PTSD and other health concerns is much needed, and veterans should continue to use medical services provided by the Veterans Administration (VA) and public hospitals.

Limitations

The first limitation in the study is various biases. Participant bias occurs when participants respond to the questions based on what they think is the correct answer or socially acceptable rather than what they feel (Cope, 2014). I realized this bias could have been problematic because it may negatively impact the trustworthiness of data. This problem occurs mainly when the topic is highly personal and sensitive, which was the case in this study. The

data and results relied on the honesty and frankness of the participants (Vagle, 2016). To limit participant bias, I assured each participant their identity would remain anonymous, and audio recording/interview transcripts would not be shared with anyone.

The second type of bias is researcher bias. Research bias occurs when a researcher unknowingly interprets data to meet their hypothesis or only analyses data they think are relevant (Miles et al., 2014). Although I recognized my personal bias towards the topic and attempted to adopt an objective mindset, qualitative research is subjective. As a result, researcher bias had to be taken into account as a limitation of this study. Researchers stated phenomenology consists of intuition, which "is essential in describing whatever presents itself, whatever is given" (Moustakas, 1994, p. 31). As a phenomenological researcher, I rejected my personal experiences to the study's phenomenon and attempted to remain open to allow the intrinsic nature of the participants' lived experiences to emerge. Also, to limit researcher bias, I consulted an independent qualitative researcher to confirm the data analysis and interpretations. Also, unlike quantitative studies that entail complex and unambiguous data, qualitative findings are prone to variation. It should also be taken into account that if another researcher had carried out the current study, different qualitative themes might have emerged, resulting in another presentation of the results.

The third type of bias was selection bias, which relates to recruiting participants and studying inclusion criteria. In qualitative research, it is usual to recruit participants with a range of experiences concerning the topic being explored; therefore, accounting for biases concerning the sampling strategies is essential (Walker, 2012). This study was designed to describe and understand African American veterans' experiences with homelessness and individuals involved in homelessness programs. Therefore, this study was automatically biased by the focus on these

populations. Other populations like government officials or veterans from other ethnic groups were not included in the research, and their views were not represented due to the focus of the study. Investigating this phenomenon using a qualitative research design to recruit participants resulted in collecting rich and thick data to be used as a reference for future policy developments and research explorations among homeless African American veterans (Vagle, 2016).

Recommendations for Future Research

In relation to the current study, several recommendations for future research can be made. They are (a) population of interest, (b) data collection procedures, and (c) areas of interest.

Population of Interest

A first recommendation pertains to addressing sampling issues. This study was designed to understand African American veterans' lived experiences in regards to ethnicity, mental health, and being unhoused. The populations of interest were African American veterans who live in Dallas, Texas, and who are homeless and individuals who were in one way or another associated with homelessness programs. It is plausible that government officials or veterans from other ethnicities may have contributed to a better understanding of the research problem; yet, these populations were not included in the study. With this in mind, one recommendation is for future researchers to replicate the research and invite other populations to speak about the topic. The perceptions of different populations may indeed contribute to a better understanding of the phenomenon.

Data Collection Procedures

Data for the present study were collected via online, semistructured interviews. Initially, I planned to do the interviews in a face-to-face setting. However, the COVID-19 pandemic

prevented me from meeting with participants face-to-face, so other arrangements had to be made, and I decided to conduct the interviews via Zoom.

Although the qualitative data provided valuable insights, face-to-face interviews may have increased the value of the data. Participants were video recorded during the interview, and nonverbal information such as hesitations, facial expressions, and pauses was visible if done face-to-face. With the above in mind, it may be helpful for future researchers to consider replicating the study utilizing video-recorded interviews if face-to-face in-depth interviews are not feasible. Qualitative findings are indeed subject to interpretation; therefore, it is possible that if a different researcher replicated the current study, other themes might have emerged, resulting in a different presentation of the results.

Areas of Interest

This study was designed to understand African American veterans' lived experiences regarding ethnicity, mental health, and being unhoused. Although the interview protocol was reviewed and approved by three experts, it is plausible that a modified protocol may have resulted in different data. As a researcher, it is important to remain critical. Although valuable data were captured, I do admit the interview questions could have focused more on race to capture this as well. However, based on the literature, the prevalent disparity among the participants was mental health (Carlson et al., 2018; Coleman et al., 2018). More emphasis was based on this factor during the interviews. Unfortunately, the data did not provide insights into race's role in participants' experiences with homelessness and mental illness. However, as literature has suggested, this is an important topic – as literature has suggested, an important recommendation is to conduct a similar study that would focus more on the role of race on this relevant topic.

Also, this study was conducted during the COVID-19 pandemic; however, none of the interview questions related to homelessness in the context of COVID-19. It would have helped to see whether or not the current pandemic has changed African American veterans' lived experiences with homelessness and mental illness. This, too, is an area that requires further exploration—modifying the interview protocol so information with regards to the impact of COVID-19 on homeless African American veterans can be captured and is therefore recommended for future research.

Recommendations for Professional Practice

Based on this study's results, several important recommendations for professional practice can be made. The suggestions are: (a) governmental support and resources, (b) program collaboration, (c) restructuring or introducing new programs, (d) organizing social activities, and (e) addressing stigma and shame-related issues.

Governmental Support and Resources

The results suggested contradictory beliefs regarding the availability of governmental support and resources. According to veterans, there were not enough initiatives to assist veterans with rebuilding their lives after returning from war and overcoming obstacles such as homelessness and mental illness. They stated they felt "forgotten" by society and the government, and such perceptions seemed to impact their well-being negatively. Contrary, the participants from the second group (the advocates) stated there were plenty of programs and resources available for homeless veterans. These findings contradict one another, and there are several possible explanations for this phenomenon.

A first possible explanation could be a structural problem in the way the resources and programs are communicated to the homeless veteran population. Although participants did not

elaborate on this, it is possible some homeless veterans are not aware of all the existing resources. Should this be the case, investments in proper communication would be needed. A recommendation in this regard would be to train program staff about the various programs associated with homelessness available in the city of Dallas. This would be required to address African American homeless veterans' needs and staff needs to have the correct knowledge so they can refer homeless individuals to suitable programs.

A second potential explanation for the disparities in perceptions of available resources may be the available resources are physically out of reach. This issue has been echoed in previous studies (Adler et al., 2015) and could indeed be a contributing factor to these disparities. In this case, different stakeholders should be encouraged to come together and discuss the possibility of re-locating facilities or building new facilities. However, considering advocates in this study stated there are many resources available, lack of availability is likely not the issue.

Another reason may be the current resources available do not fit the needs of homeless veterans. In this case, caretakers and policymakers should reevaluate the effectiveness and perceived value of existing resources, as has also been suggested by Fowler et al. (2019). Two actions are recommended to strengthen and increase the value of current available resources and facilities: staff training and program collaboration. This study's data implied that some program staff does not have the proper knowledge and skills to deal with homeless veterans regarding staff training. Recent studies found that many individuals, including caretakers themselves, lack awareness and understanding of what being homeless means and what issues homeless people, particularly homeless veterans, deal within their daily lives (Fowler et al., 2019; Lee et al., 2018). As a result, they cannot provide the proper support – and sometimes even adopt a bullying

attitude towards homeless individuals (Sannino, 2018), which negatively impacts the homeless veteran's well-being.

Program Collaboration

A second recommendation relates to program collaboration. Previous studies have reported positive health outcomes for homeless individuals when different facilities or programs work together (Abdel-Baki et al., 2019; Wood et al., 2019). Through collaboration, the referral process can indeed be facilitated, which may positively influence homeless veterans' health (Wood et al., 2019).

In practice, it is recommended for leaders in this field to organize regular communication opportunities where leaders and staff from different programs and other stakeholders are invited to connect. During these sessions, these individuals can share information about their program, such as their program objectives, goals, available resources, and their concerns and needs. Through such a platform, different program leaders can be made aware of each program's strengths and weaknesses and may be able to help out one another by sharing resources and information. Besides, as Schiff and Brunger (2015) and Fowler et al. (2019) noted, better communication between stakeholders may also strengthen networks and structures. Ultimately, this could benefit homeless veterans as this type of collaboration may increase individual programs' value and efficacy.

Restructuring/Introducing New Programs

A third recommendation related to the current perceived value of programs in terms of opportunities for homeless veterans to improve their living situation and get to a point where they no longer need services. According to some participants, current programs are indeed not as effective as they should be. Although they may provide short-term solutions, they do not

necessarily lead to solving the problem of homelessness in the veteran population in the long run. A recommendation in this regard is to offer homeless veterans employment and educational opportunities to become more independent. Of course, primary needs such as shelter, food security, and healthcare should be prioritized first; however, once these are in place, employment and educational opportunities may increase the chance of such individuals to improve their situation and get to a point where they would no longer depend on homelessness programs. Similar recommendations have been made by Fowler et al. (2019). However, these scholars warn that individuals' interests should be matched with specific skill training programs to increase homeless individuals' employment opportunities.

Organizing Social Activities

A fourth recommendation is for program leaders and staff to (re)focus on the reintegration of homeless veterans into social life. The results of this study imply that many veterans have lost many friendships due to their mental health condition and living situation. Consequently, many feel alone, which has an additional negative impact on their already poor mental health. A recent study has similarly warned that social isolation is a severe problem in the homeless veteran population (Winer et al., 2021). As humans are social beings, it may be valuable for program leaders to organize social activities where homeless individuals get the chance to connect with others and build friendships with others (Winer et al., 2021). Veterans who have PTSD often feel that others may not understand them, and by introducing individuals who have been through the same kind of trauma to one another, these individuals may be able to overcome feelings of loneliness. However, as Ellison et al. (2016) noted, peer support services need a flexible strategy with varying levels of intensity according to need.

Addressing Stigma and Shame-Related Issues

A fifth recommendation related to addressing feelings of shame and embarrassment, which three out of four participating veterans mentioned. Although the results suggested that mental health assistance for homeless veterans is provided, this study's findings implied that shame and embarrassment remain common issues in this population. To address this problem, mental health programs should organize sessions that focus on stigma and shame-related topics. Researchers have found that statistically, Blacks are overrepresented among the homeless population and often experience double stigma because of their race and living situation. Although this study's results could not confirm whether or not Black individuals are more stigmatized than non Blacks, previous studies have found such evidence (Markowitz & Syverson, 2019).

It is also recommended for local governments to address stigma issues in a community context by educating the general public on homelessness and mental health issues in African American veterans. Although this study's participants made no mentioning of racism as an additional struggle, the literature has suggested that racial stigma makes it even harder for African American veterans to improve their housing situation (Markowitz & Syverson, 2019). Therefore, educational initiatives should focus on the intersectionality of race, homelessness, and mental illness in war veterans.

Conclusion

The purpose of this qualitative study was to explore lived experiences of African American homeless veterans with regards to ethnicity, mental health, and being unhoused with the intent of creating or identifying meaning in regards to these experiences. Eight in-depth interviews with four African American veterans and four individuals who were in one way or

another involved in homelessness programs were conducted and revealed that PTSD plays a significant role in the well-being of African American veterans. The findings suggested that PTSD is also a primary contributor to unemployment, deterioration of social relationships, and ultimately homelessness. With that in mind, providing the necessary support for veterans is paramount. In this regard, three strategies were mentioned: shelter, food provision, and medical attention. A striking result was that advocates claimed there were sufficient resources for veterans, whereas veterans did not seem to agree with this statement. They indeed found government support to be lacking. Although it cannot be said with certainty why these disparities in perceptions exist, it is plausible that a lack of awareness of all available resources may lie based on this problem.

Race was not a prevalent factor influencing their lived experiences; however, these findings may be due to a lack of attention for this particular subject during the interviews. These recommendations provide valuable methodological insights and shed light on opportunities for future work in this area.

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Appendix A: Review Board Approval Letter

ABILENE CHRISTIAN UNIVERSITY

Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

November 12, 2020

Jeffrey Redmond
Departments of Educational Leadership/MFT
Abilene Christian University

Dear Jeffrey,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled
"Experiences of African American Veterans with Regards to Ethnicity, Mental Health and Homelessness",

was approved by expedited review (Category 6 & 7) on 11/12/2020 (IRB # 20-166). Upon completion of this study, please submit the Inactivation Request Form within 30 days of study completion.

If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Study Amendment Request Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Unanticipated Events/Noncompliance Form.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

Our Promise: ACU is a vibrant, innovative, Christ-centered community that engages students in authentic spiritual and intellectual growth, equipping them to make a real difference in the world.

Appendix B: Participation Solicitation Email (Group 1)

Date: _____

Dear_____

We invite you to participate in a research study conducted by Jeffrey Redmond, Doctoral candidate at Abilene Christian University. The purpose of this study is to examine African American veterans' perceptions about homelessness. You are eligible to participate in this study if you are homeless, African American, a veteran of the U.S. military, and self-diagnosed depression, anxiety or stress OR have been clinically diagnosed with posttraumatic stress disorder (PTSD). I will ask you to participate in one interview, which should take approximately 30 minutes. During our interview I would be interested in learning a little bit about you, your current living conditions and your views on disparities among African American veterans, in particular mental health. Your responses will be confidential. All data will be securely kept with the investigator for a period of 3 years following the completion of the study, then destroyed. Your participation in this study is completely voluntary. If you choose to participate you may stop to participating at any time or you may choose not to answer certain questions. Your completion of the interview indicates your consent to participate in this study. Feel free to contact me at xxxxxx@acu.edu or xxx-xxx-xxxx if you have questions.

Sincerely,

Jeffrey Redmond

Appendix C: Participation Solicitation Email (Group 2)

Date: _____

Dear_____

We invite you to participate in a research study conducted by Jeffrey Redmond, Doctoral

candidate at Abilene Christian University. The purpose of this study is to examine the

experiences of homeless African American veterans. You are eligible to participate in

this study if you are advocates, such as shelter leaders, churches, financial sponsors,

clinicians, and volunteers for the homeless who are committed to helping others in need. I

will ask you to participate in one interview, which should take approximately 30 minutes.

During our interview I would be interested in (1) your experiences working with the

homeless population; (2) your feedback addressing the lived experiences from the

targeted population, homeless African American veterans; and (3) collectively discussing

possible changes to improve these lived experiences. Your responses will be confidential.

All data will be securely kept with the investigator for 3 years following the completion

of the study, then destroyed. Your participation in this study is completely voluntary. If

you choose to participate you may stop to participating at any time or you may choose

not to answer certain questions. Your completion of the interview indicates your consent

to participate in this study. Feel free to contact me at xxxxxx@acu.edu or xxx-xxx-xxxx

if you have questions.

Sincerely,

Jeffrey Redmond

Appendix D: Semistructured Interview Questions

Interview Questions (Group 1)

1. What has prevented you from maintaining permanent housing?

2. How has your housing situation limited your access to medical care?

3. What resources would you like to see made available to assist you with your housing needs?

4. Describe the experiences you've encountered that led to your homelessness.

5. How has mental illness, including PTSD, played a role in your housing situation?

Interview Questions (Group 2)

1. What is the common factor you perceive among the homeless that limits their ability to maintain housing?

2. How can sufficient medical care help the homeless population?

3. What additional resources would you like to see made available to help the homeless population?

4. What experience do you have in interacting with the homeless?

Appendix E: Coding Matrix

Codebook

Nodes

Name	Description	Files	References
Theme 1 - the role of PTSD in current life circumstances		4	11
Theme 2 - perceived lack of governmental support		4	4
Theme 3 - the role of family and friends		4	6
Theme 4 - shame vs. positive outlook		0	0
subtheme 1 - shame		4	5
subtheme 2 - positive outlook		3	3
Theme 5 - strategies to address homelessness		0	0
subtheme 1 - shelter		4	12
subtheme 2 - food provision		2	2
subtheme 3 - medical attention		4	4
lack of training on how to treat homelessness		1	2