

Research Week 2020

Struggling to Connect: Barriers and Facilitators for Community Engagement Among Recently Psychiatrically Hospitalized Veterans

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Keywords

Suicide, Community, Veterans

Abstract

Military veterans continue to demonstrate elevated rates of death by suicide compared with the general population. In particular, veterans with a recent psychiatric hospitalization have a proximal increase in suicide risk within the first three months after discharge from acute care. Bolstering protective factors, such as social connectedness, may help decrease these risk factors and therefore suicide risk. Veterans however generally report low social connectedness and thus may have limited supportive others available following hospitalization. The goal of the current project is to develop a conceptual model of the community engagement experience among recently psychiatrically hospitalized veterans utilizing a qualitative research approach to inform future interventions.

Recently psychiatrically hospitalized veterans (N = 20) were recruited from an inpatient psychiatric unit at a large, urban, Western, Veterans Health Administration Medical Center. We designed our study using a modified Grounded Theory approach to collect qualitative data. We interviewed veterans within one week of their discharge and one month afterwards using semi-structured interviews to capture a broader range of experiences. We created analytic memos for each interview to identify initial patterns and to inform the development of our coding manual. All patterns identified within our data were confirmed through independent, inter-rater reliability coding and synthesized into a conceptual model of community engagement.

Veterans reported experiencing an overall lack of social connectedness with limited engagement in meaningful activities. We identified several patterns related to challenges (e.g. logistics), needs (e.g. tailoring activities to a specific veteran), and areas for intervention (e.g. strategies for self-disclosure) with respect to increasing community engagement following psychiatric hospitalization. Overall, our findings suggest the need for a multicomponent program to facilitate veteran community engagement that includes specific strategies to support veteran, community, and clinical stakeholders.