Cohen Veterans Network

Meeting the Challenge of Inclusive Care: Mental Health Needs of Gender, Sexual, and Racially Minoritized, Military Affiliated Clients at Cohen Veterans Network

Introduction

This report presents a comprehensive analysis of the unique social-environmental challenges faced by minoritized clients within Cohen Clinics. While Cohen Clinics provide a range of evidence based mental health services, they also provide comprehensive case management services to address social determinants of health, those "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (World Health Organization, 2018). The aim of this project was twofold: first, to examine the social, economic, physical, and trauma-related needs of clients who identify as members of gender, sexual, and racially minoritized groups; and second, to identify the array of case management resources currently available to these clients within the clinical setting. This report summarizes the findings from our efforts and provides a detailed account of the case management services offered at Cohen Clinics. Moreover, it offers strategic recommendations designed to enhance service provision and better address the diverse needs of CVN's minoritized clients, ensuring that our clinics remain responsive, inclusive, and effective in supporting all those who seek care.

Brief Overview of the Literature

Social Determinants of Health including insecure housing, insecure employment, food insecurity lack of family support, lack of social support, and history of traumatic exposures are linked to mental health outcomes in military and veteran samples (Blosnich et al., 2020; Duan-Porter et al., 2018; Elbogen et al., 2024). Additionally, studies of the impacts of social determinants/risks in minoritized members of these military affiliated communities, specifically in terms of race/ethnicity (Dodge et al., 2022; Mancuso, Young, & Rusiecki, 2023), gender (Brown & Jones, 2014), or sexual orientation (Houghtaling & Osypuk, 2023), have found disparate impacts in military and veteran populations. Duan Porter and colleagues, in their 2018 review of social determinants in Veterans, identified significant gaps in the literature highlighting the need for additional research on these factors, particularly for understudied risk factors in veterans such as Adverse Childhood Events (ACEs) and trauma exposures as well as subgroups including veterans with minoritized sexual orientation and gender identities. Kamdar and colleagues (2023, p. 19) in their systematic review of post-9/11 veterans write, "Racial and gender disparities in access to health care and health outcomes are well established and adverse social determinants are key drivers of these disparities. Future studies should prioritize recruitment of women and racial and ethnic minorities, using methods such as purposive sampling to begin to address this crucial issue."

Purpose of this Report

As reviewed above, there is a strong and growing consensus that identifying and addressing the needs of gender, sexual, and ethnic/racially minoritized groups within military and veteran populations is crucial for several reasons. These groups have historically been overlooked and underserved, leading to gaps in care and support services that further exacerbate historical disparities. Their unique experiences, shaped by a combination of military culture and intersectional identities, may result in specific mental health needs that are not adequately addressed by standard approaches. Moreover, the legacy of institutionalized discrimination has left lasting impacts that require targeted support and resources to ensure equitable access to care. By focusing on minoritized groups, mental health agencies and Veteran Service Organizations (VSOs) can work in conjunction with federal agencies including the Department of Defense and Veterans Administration towards providing more inclusive and effective mental health services, ultimately improving outcomes for veterans, active-duty service members, and their families.

Methodology

This needs assessment summarizes the results of statistical analyses of three relevant sub-populations of clients seen at Cohen Clinics: Women, Sexual Minorities (defined as those identifying as Bisexual, Fluid, or Gay/Lesbian), and members of minoritized racial/ethnic groups including Black or African American and Hispanic or Latino (these two subpopulations were chosen as they are both widely represented in the military and had a large enough sample in the data to adequately analyze). These three sub-groups were compared to the full sample of CVN adult clients (those over the age of 17) who initiated care after January 1, 2023, and before June 20, 2024. Both the full sample and the subpopulations included Military Veterans, Active Duty Service Members, and adult family members of those who have served or are currently serving in the United States Military. Each of these three subpopulations was compared to the total sample. For example, women clients were compared to the total sample of all clients which included men, women, and those identifying as nonbinary. This methodology was chosen to avoid comparing these subpopulations to a perceived or implied "normal" or "majority" sample.

All data for the current project was queried from a centralized data warehouse which contains electronic health record data transmitted from each of the affiliated Cohen Clinics. To ensure adequate coverage of the needs experienced by these clients, a wide range of variables were queried including those pertaining to social determinants of health, interpersonal support, physical pain, and trauma history. See the table below, for a listing and description of all included variables.

Item	Item Label/Query in Electronic Health Record
Insecure Employment	Secure Employment
Insecure Housing	Secure Housing
Lacking Family Support	Perceived Family Support
Lacking Social Support	Perceived Social Support
Needs Food	Do you have access to food on a regular basis?
Needs Safe	Are you currently living in a place where you feel safe?
Needs Utility	Are you in danger of your utilities being shut off or being evicted?
Needs Family	Do you need clothing, food, or basic toiletries for any member of your household?
Needs Legal	Do you need legal assistance?
Needs Past	Have you accessed any resources for any of the above issues in the past?
Pain Interfere	In the past 3 months, have you been experiencing pain that interferes with your normal activities on more than half the days of each month?
Pain Rating ADL	One a scale of 1-10, how much has your pain interfered with your normal activities (including work outside and inside of the house)?
Pain Rating 24 hours	If yes, rate your pain on a scale of 1-10 in the last 24 hours.
ACEs	Adverse Childhood Events (Yes/No)
Military Sexual Trauma	Military Sexual Trauma (Yes/No) - Veteran Sample Only
Trauma History	Have you ever experienced a Serious Traumatic Event:
Within last 6 Months	Within the last 6 months
More than last 6 Months	More than 6 months ago
None	None

Findings

The statistical analyses are presented in Appendices 1-3 and are summarized here. The analysis of employment and housing data reveals notable disparities between demographic groups. Insecure employment rates were found to be slightly higher among women clients compared to the overall sample. In terms of housing, Black clients reported a higher prevalence of insecure housing.

However, no significant differences in employment or housing insecurity were observed among sexual minority clients compared to the full sample.

When examining support systems, the analyses showed that there were no significant differences in perceived support among women clients or racial/ethnic sub-groups when compared to the overall population. However, within the sexual minority group, a unique pattern emerged: perceived family support was notably lower, while perceived social support was higher than in the full sample. These findings may indicate that clients who experience perceived familial rejection/lack of support obtained support from peers or other extrafamilial support networks (Sullivan et al., 2021).

Regarding basic needs and safety, Black clients faced elevated risks in several areas. They were more likely to experience food insecurity, feel unsafe in their current living situation, acknowledge the risk of utilities being shut off or eviction, and report greater needs for clothing, food, or basic toiletries. Additionally, the need for legal assistance was particularly pronounced among Black and Hispanic/Latino clients. In contrast, women clients and sexual minority clients did not exhibit elevated levels of these basic needs or safety concerns compared to the broader sample.

Health and trauma history data highlighted certain disparities, particularly in the experience of pain and trauma exposure. Women clients reported lower rates of pain interfering with normal activities compared to the overall sample, with no other differences observed in this area. This finding may be explained in several ways including differences in pain perception and reporting, differences in help-seeking behavior, role expectations, or social/cultural scripts. It is also inconsistent with some published research and warrants further study (El Shormilisy et al., 2015).

In terms of trauma history, the prevalence of Military Sexual Trauma (MST) was elevated among women, sexual minority, and Black veteran clients, indicating a disparity in this form of trauma. ACEs were also found to be higher among women clients and sexual minority clients though no differences were observed among racial groups. Furthermore, sexual minority clients were more likely to have experienced a serious traumatic event both within the last six months and more than six months ago compared to the full sample, while no such differences were found among women or racial/ethnic sub-groups. Given the historically and persistently vulnerable status of gender, racial, and sexually minoritized groups, especially within the military and veteran communities, further exploration of these biopsychosocial risks and social determinants and their consequences, is warranted.

Discussion

Key Findings and Implications

These analyses reveal significant disparities in employment, housing, support systems, basic needs, safety, and trauma history among different demographic groups at Cohen Clinics. Women clients exhibited slightly higher rates of insecure employment compared to the overall sample, while

Black clients were more likely to report insecure housing. Sexual minority clients, in contrast, did not show significant differences in employment or housing insecurity but displayed a unique support system pattern, with lower perceived family support but higher perceived social support. This suggests that sexual minority clients may be compensating for familial rejection with peer or other extrafamilial support networks which has been identified in the literature (Sullivan et al., 2021). Black clients faced elevated risks in basic needs and safety, including food insecurity, feeling unsafe in their current living situation, and a higher need for legal assistance. Health data showed that women reported less pain interference but faced elevated risks in Military Sexual Trauma and Adverse Childhood Events, with similar findings among sexual minority clients. The heightened prevalence of trauma among women, sexual minorities, and Black clients underscores the need for further exploration of these biopsychosocial risks within the military and veteran communities, emphasizing the importance of addressing social determinants to mitigate these disparities. Overall, these findings demonstrate a high prevalence of social risks within the military/veteran community and support the need for comprehensive case management services within treatment settings for this population.

Intersectionality and Overlapping Challenges

The overlapping challenges faced by minoritized groups in this analysis reveal the critical role of intersectionality in understanding and addressing disparities. For instance, Black women in the military might face compounded vulnerabilities related to both race and gender, making them more susceptible to housing insecurity, Military Sexual Trauma, and unmet basic needs. Similarly, sexual minority individuals who are also part of racial/ethnic minority groups may experience unique stressors that are not fully captured when these identities are considered in isolation.

The intersection of race, gender, and sexual orientation in relation to the experience of trauma and the availability of support systems highlights the need for intersectional approaches in both research and intervention. These approaches must recognize the multi-layered nature of oppression and provide holistic support that addresses the diverse needs of individuals at the intersection of multiple identities. This intersectional lens is crucial for developing effective, inclusive policies and practices that can mitigate the disparities identified in this analysis.

Cohen Clinic's Case Management Resources and Supports

Case management plays a vital role in the care provided at Cohen Clinics, designed to encourage ongoing participation in treatment while meeting the broader social environmental needs of CVN clients. Case management at Cohen Clinics is timely, high-quality, client-focused, and accessible and is focused on decreasing barriers to treatment for clients entering or engaged in clinical mental health care. Given the importance of case management at CVN and Cohen Clinics, all clients receive a case management interview as part of the intake process and standardized measures have been added to the biopsychosocial assessment to screen for needs which may trigger a referral to case management services.

As noted above, all Cohen Clinics offer case management services and these services are available for up to 30 days after completion of treatment, ensuring ongoing needs are met and referrals can be made to support clients through care transitions. Importantly, all Cohen Clinics have a dedicated Case Manager which allows for role specialization but does so in a way that is fully integrated with clinical staff to ensure comprehensive and synchronized care. Supporting clients from diverse backgrounds is a core value at Cohen Clincs and just like all clinical staff, Case Managers and Intake Coordinators (who often provide important case management support functions) complete CVN's comprehensive 4-hour "Caring for Our Diverse Military Populations" training course.

In terms of the services and referrals offered, this varies somewhat by clinic location as Cohen Clinics are located across the country in cities that vary in size with unique needs and opportunities. However, in general, case management services seek to link clients to commonly requested services including housing support, employment and financial support, assistance navigating various benefits systems, connection to local food banks, as well as transportation assistance. They are also prepared to connect clients to legal assistance for a diverse range of issues such as child custody disputes, divorce, military discharge status, or criminal cases. As exemplars, case managers are involved in or refer clients to:

1. Mental Health First Aid
2. AFFIRM for LGBTQ+ Adolescent (through the support of the USAA Foundation)
3. Boots to Heels (assisting women transitioning out of the military)
4. Leap to Confidence – a workshop for women in abusive relationships

Conclusion and Recommendations

Summary of Key Insights

This analysis of Cohen Clinics' data reveals stark disparities in social determinants of health across different client groups. Women clients, Black clients, and sexual minority clients face unique challenges that require tailored interventions. While women clients exhibit higher rates of insecure employment and a greater prevalence of trauma, Black clients are disproportionately affected by housing instability, basic needs insecurity, and safety concerns. Sexual minority clients, though not significantly different in terms of employment or housing insecurity, report lower family support, likely compensated by stronger social support networks. These findings underscore the complex interplay of social, economic, and psychological factors within these populations and the need for nuanced approaches in addressing them.

Recommendations for Addressing Identified Needs

1. ***Enhanced Case Management Services:*** Given the high prevalence of social determinants of health impacting this population, it is crucial to provide comprehensive case management services. The findings of this report indicate that military service is not necessarily a

protective factor for these social risks and thus these services should focus on addressing basic needs, employment, housing stability, and legal assistance, particularly for Black clients who are most at risk.

2. ***Strengthening Support Networks:*** Sexual minority clients demonstrate a reliance on social support networks outside of their families. Programs that foster and strengthen these support networks could be vital in enhancing their overall well-being. This includes facilitating peer support groups and creating community connections within and outside the clinic environment.
3. ***Culturally Competent Training:*** Clinicians and non-clinical staff who serve the military community should receive ongoing training in cultural competence, for example CVN's Caring for Our Diverse Military Population Training, with a specific focus on the unique needs minoritized clients. Understanding the specific challenges faced by these groups, including the impact of intersectionality, is essential for providing effective care.
4. ***Further Examination of Trauma Experiences in Minoritized Populations:*** More in-depth research should be conducted to better understand the specific trauma exposures of minoritized sexual orientation populations. This will help in developing tailored interventions that address their unique needs and improve their mental health outcomes.
5. ***Data Collection and Analysis Improvements:*** As more comprehensive data becomes available through CVNs end-to-end process improvements; it will be essential to refine these insights and continuously adapt interventions. This includes expanding data reporting to all clinics and examining a wider range of demographic groups.
6. ***Ongoing Support and Interventions:*** These findings highlight the importance of continued support and targeted interventions for minoritized groups. Efforts should focus on long-term solutions that address systemic inequities, including policy advocacy, resource allocation, and community engagement.

Appendices

Appendix 1

Needs Assessment for Women Clients at Cohen Clinics

Item	Women	Total
Insecure Employment	1512 (27.15)	2613 (23.16)
Insecure Housing	169 (2.96)	384 (3.33)
Lacking Family Support	945 (16.83)	1746 (15.44)
Lacking Social Support	1145 (20.51)	2371 (21.13)
Needs Food	38 (2.18)	91 (2.58)
Needs Safe	35 (2.01)	77 (2.18)
Needs Utility	76 (4.36)	152 (4.31)
Needs Family	65 (3.74)	118 (3.36)
Needs Legal	139 (7.98)	256 (7.26)
Needs Past	153 (10.14)	354 (11.79)
Pain Interfere	2528 (36.92)	6263 (45.24)
Pain Rating ADL	5.5 (3.1)	5.6 (2.8)
Pain Rating 24 hours	5.4 (2.6)	5.4 (2.1)
ACEs	3734 (70.61)	6911 (65.29)
Military Sexual Trauma	391 (35.80)	539 (17.67)
Trauma History		
Within last 6 Months	821 (9.31)	1385 (7.89)
More than last 6 Months	3552 (40.23)	7996 (42.12)
None	4449 (50.43)	8779 (49.99)

Note. Values in parentheses are percentages endorsing that item, wording for all items is provided in the in-text table.

Appendix 2

Needs Assessment for Sexual Minority Clients at Cohen Clinics

Item	Sexual Minorities	Total
Insecure Employment	230 (25.05)	2613 (23.16)
Insecure Housing	28 (3.02)	384 (3.33)
Lacking Family Support	172 (18.82)	1746 (15.44)
Lacking Social Support	146 (16.01)	2371 (21.13)
Needs Food	3 (1.46)	91 (2.58)
Needs Safe	3 (1.46)	77 (2.18)
Needs Utility	13 (6.34)	152 (4.31)
Needs Family	6 (2.93)	118 (3.36)
Needs Legal	18 (8.78)	256 (7.26)
Needs Past	18 (10.23)	354 (11.79)
Pain Interfere	347 (44.49)	6263 (45.24)
Pain Rating ADL	5.6 (2.6)	5.6 (2.8)
Pain Rating 24 hours	5.3 (2.0)	5.4 (2.1)
ACEs	674 (77.03)	6911 (65.29)
Military Sexual Trauma	64 (35.16)	539 (17.67)
Trauma History		
Within last 6 Months	155 (16.20)	1385 (7.89)
More than last 6 Months	582 (60.82)	7996 (42.12)
None	220 (22.99)	8779 (49.99)

Note. Values in parentheses are percentages endorsing that item, wording for all items is provided in the in-text table.

Appendix 3

Needs Assessment for Clients from Minoritized Racial Groups at Cohen Clinics

Item	Black or African American	Hispanic or Latino	Total
Insecure Employment	412 (26.21)	358 (23.69)	2613 (23.16)
Insecure Housing	83 (5.16)	44 (2.84)	384 (3.33)
Lacking Family Support	272 (17.32)	221 (14.49)	1746 (15.44)
Lacking Social Support	358 (22.96)	305 (20.28)	2371 (21.13)
Needs Food	32 (6.87)	5 (1.79)	91 (2.58)
Needs Safe	18 (3.85)	9 (3.21)	77 (2.18)
Needs Utility	39 (8.37)	8 (2.86)	152 (4.31)
Needs Family	41 (8.82)	12 (4.32)	118 (3.36)
Needs Legal	54 (11.59)	29 (10.39)	256 (7.26)
Needs Past	62 (15.62)	19 (9.36)	354 (11.79)
Pain Interfere	974 (50.81)	918 (45.15)	6263 (45.24)
Pain Rating ADL	6.3 (2.6)	5.7 (2.8)	5.6 (2.8)
Pain Rating 24 hours	6.1 (2.1)	5.5 (2.1)	5.4 (2.1)
ACEs	962 (66.62)	966 (67.32)	6911 (65.29)
Military Sexual Trauma	112 (20.36)	74 (18.97)	539 (17.67)
Trauma History			
Within last 6 Months	196 (8.13)	177 (7.41)	1385 (7.89)
More than last 6 Months	1048 (43.49)	1000 (41.88)	7996 (42.12)
None	1166 (48.38)	1211 (50.71)	8779 (49.99)

Note. Values in parentheses are percentages endorsing that item, wording for all items is provided in the in-text table.

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