



Supporting  
Military Families  
Through Research  
and Outreach

# PUTTING RESEARCH TO WORK FOR MILITARY FAMILIES

## Timing of Postcombat Mental Health Assessments

Bliese, P.D., Wright, K.M., Adler, A.B., Thomas, J.L. & Hoge, C.W. (2007). Timing of postcombat mental health assessments. *Psychological Services*, 4, 141-148. doi: 10.1037/1541-1559.4.3.141.



ARMY



509 Army Soldiers (who had returned within the previous week from a 12-month deployment to Iraq) participated in a study to examine changes in psychological symptoms between homecoming and 120 days later. Rates of psychological symptoms were significantly higher at 120 days postdeployment than at immediate reintegration largely due to an increase in Soldiers who were initially nonsymptomatic but became symptomatic later.

### Key Findings:

- Levels of psychological symptoms were significantly higher at 120 days postdeployment than at immediate reintegration (2-5 x higher) largely due to an increase in Soldiers who were initially nonsymptomatic, but became symptomatic later.
- Most problems assessed (depression, PTSD, distress, anger, wanting to see a counselor) were significantly worse at 120 days postdeployment compared to baseline measurement; the only problem that did not change significantly was relationship problems.
- At homecoming, 11% of the Soldiers exceeded clinical cutoffs for one of the problems (e.g., depression, PTSD); 23% exceeded the clinical cutoff at 120 days. Only 7% exceeded clinical cutoffs at both time points.

### Implications for Programs:

- Programs could adjust postdeployment outreach services to begin a few months after return, a time when Soldiers and families may need higher levels of assistance.
- Programs could develop a list of referrals for families and Service members to help address their mental health needs.

### Implications for Policies:

- Policies could recommend an additional mental health assessment 3-6 months postdeployment could be useful.
- Policies could continue to support mental health screenings and easy access to mental health care in order to maintain a healthy U.S. Military force.

### Avenues for Future Research:

- Future studies could follow Service members prospectively after return from deployment in order to assess when mental health symptoms first generally appear.
- Additional research could follow Service members for a longer time period to assess if symptoms peak and decline.

Prepared by the Military REACH Team.

For additional information, please visit [reachmilitaryfamilies.umn.edu](http://reachmilitaryfamilies.umn.edu)

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## Background Information

### Methodology:

- U.S. Army Soldiers who were participating in a 7 day reintegration program (immediately after the Soldiers' return from a 12 month deployment to Iraq). Soldiers participated in a mental health assessment in February-March 2004.
- A random sample of those original Soldiers were reassessed approximately 4 months later using the same measures: PTSD, depression, general psychological distress, anger and relationship, and demographic questions.

### Participants:

- 509 U.S. Army Soldiers, 97% male.
- 59% junior enlisted, 73% were 5 years or less in the military.
- 49% were ages 21-25, 20% were 26-30, 20% were 18-20, 8% were 31-35.
- 58% single, 36% married, 68% White, 13% Hispanic, 10% African American.

### Limitations:

- These results were collected in one military unit and may not be representative of all Army or U.S. Military personnel as a whole.
- As the sample was almost exclusively male (97%), little information is available about the course of symptoms over time for women, a group whose experiences may differ considerably than of men.

## Assessing Research that Works

Research Design and Sample				Quality Rating:	
	Excellent (★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Methods				Quality Rating:	
	Excellent (★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations				Quality Rating:	
	Excellent <i>Minor Limitations</i> (★★★)	Appropriate <i>Few Limitations</i> (★★★)	Limited <i>Several Limitations</i> (★★★)	Questionable <i>Many/Severe Limitations</i> (★★★)	
The limitations of this study are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implications				Quality Rating:	
	Excellent (★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	
The implications of this research to programs, policies and the field, stated by the authors, are...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Not applicable because authors do not discuss implications					
Overall Quality Rating					