

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## Mental and Physical Health Status and Alcohol and Drug Use Following Return from Deployment to Iraq or Afghanistan

Eisen, S., Schultz, M., Vogt, D., Glickman, M., Elwy, A., Drainoni, M., ... Martin, J. (2012). Mental and physical health status and alcohol and drug use following return from deployment to Iraq or Afghanistan. *American Journal Of Public Health*, 102(S1), S66-S73. doi:10.2105/AJPH.2011.300609

**SUMMARY:** The authors of this study used a national sample of Veterans within one year of returning from deployment in Afghanistan (OEF) or Iraq (OIF) to examine: (1) mental health symptoms and problematic alcohol/drug use, and (2) differences in mental health and alcohol/ drug use problems by gender, Service component, Service branch, and deployment operation. Findings suggest significantly higher rates of mental health and substance abuse in OEF/OIF Veterans than in the general population.

### KEY FINDINGS:

- Mental health as well as drug use in the Veterans of OEF/OIF in this sample was significantly worse than that of the general population; approximately 14% screened positive for probable posttraumatic stress disorder (PTSD), 39% for alcohol use disorders, and 3% for drug abuse.
- Men reported more substance use (alcohol and drugs) than women, but there were no gender differences in mental health.
- OIF Veterans fared worse than OEF Veterans; they reported more depression, alcohol use, and drug use.
- Army and Marine Veterans reported worse mental health and more substance use than Air Force or Navy Veterans. There were no significant component (Active Duty vs. National Guard/Reserve) differences.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Customize programming on mental health and substance abuse to meet the unique needs of different Service members (e.g., based on gender, nature of deployment experiences, age) post-deployment
- Disseminate information regarding possible symptoms of mental health problems Service members may face after deployment and where individuals and families can find help for those problems
- Educate military couples who have a history of trauma before deployment on positive coping skills

### IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage future research that includes a systematic review of mental health and substance abuse related data to evaluate themes in experiences that are unique to gender, service branch, and deployed location among Service members
- Continue to support evidence-based interventions tailored to meet the mental health and substance abuse concerns among Service members and their families
- Promote reintegration programs that include assisting the Service members' family in adjusting to the Service member's return

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## METHODS

- A national random sample of OEF/OIF Veterans between three and 12 months of returning from deployment, across all components and Service branches, was drawn from the Defense Manpower Data Center and mailed surveys.
- The sample was stratified by gender and Service component; women were oversampled to make up 50% of the initial sample by Service component, and National Guard and Reserve components to each make up 25% of the total sample.
- Data were collected via self-report and statistical analyses were used to determine the presence of significant relationships among the variables.

## PARTICIPANTS

- Participants included 596 (33% of the eligible sample) Veterans.
- Among the sample, 58% were from Army, 21% were from Air Force, 17% were from Navy, 4% were from Marines. Of the participants, 42% were Active component, 29% were National Guard, and 30% were Reserves.
- The average age of the sample was 34 years, 42% of the participants were male, and the race/ethnicity of the sample was 75% White, 18% Black, 12% Latino/Latina, 5% Asian-American, and 3% Native American.

## LIMITATIONS

- The authors relied on self-reported measures of mental health and substance use problems, which may be subject to bias if participants responded in socially desirable ways.
- It is possible that those who did not respond differed than those who did respond in key ways, such as level of mental health or substance use problems, and this was not accounted for in the analyses.
- The finding of no significant gender difference in mental health is unusual, and may be the result of response bias.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine rates of mental health symptoms and substance abuse prior to deployment to better understand what problems may have already existed versus those that developed during the deployment
- Conduct a longitudinal study to better understand what the trajectory of health and substance use problems is like for those who remain in the service, those who experience subsequent deployments, and those who leave the service
- Replicate this study to determine if there continues to be no significant gender differences in reported mental health

## ASSESSING RESEARCH THAT WORKS



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