The Center for Research and Outreach

Putting Research to Work
for Military Families

Focus: *Multiple Branches*

Mental Health Problems, Use of Mental Health Services, and Attrition From Military Service After Returning From Deployment to Iraq or Afghanistan

Hoge, C., Auchterlonie, J., & Milliken, C. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association*, *295*(9), 1023-1032. doi:10.1001/jama.295.9.1023

SUMMARY: The Post-Deployment Health Assessments (PDHA) of 303,905 Army and Marine Veterans of Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and other recent conflicts were reviewed to examine the association between deployment location and mental health care utilization during the first year after return. Associations between screening results and actual use of mental health services were also studied. Results suggest that mental health problems reported on the assessment were significantly associated with combat experiences, mental health care referral and utilization, and attrition from military service.

KEY FINDINGS:

- A higher percentage of OIF Veterans (19%) screened positive for mental health problems following deployment and combat exposure as compared to Veterans of OEF (11%) and Veterans of other operations (9%).
- Approximately one-third of OIF Veterans accessed mental health services in their first year after deployment and 12% received a diagnosis of a mental health problem.
- Soldiers and Marines who screened positive for a mental health concern were significantly more likely to leave service for any reason during the first year after deployment; OIF Veterans were significantly more likely to leave military service (17%) than OEF Veterans (14%) or Veterans of other deployments (15%).
- Two thirds of Service members who sought mental health care did so within two months of returning home.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer workshops during reintegration to help families and Service members adjust to the Service member's return, especially when the deployment has included combat exposure
- 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
- Engage Service members and their intimate partners in classes that aim to increase communication and conflict-resolution skills prior to and after deployment

IMPLICATIONS FOR POLICIES:

Policies could:

- Support efforts that explore and address barriers to mental health care among returning Service members
- Continue to support programs that address the unique challenges faced by deployed Service members who are also parents
- Recommend education for service providers around the possible effects of deployment on Service members' families

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METHODS

- All Service members completed a self-administered Post-Deployment Health Assessment immediately upon returning from deployment, and records from the population-based Defense Medical Surveillance System (DMSS) database completed between May 1, 2003 and April 20, 2004 were used in this study.
- Health care utilization and occupational outcomes were measured for one year after deployment or until leaving the Service if this occurred sooner.
- Variables of interest were extracted from assessments for mental health screening, referrals, health care utilization, and occupational burden.

PARTICIPANTS

- Participants were 303,905 primarily male (89%) Army (82%) and Marine (19%) Veterans between the ages of 18-24 years (42%) who served primarily in the Active Duty component (74%).
- The study focused on Army and Marine Veterans returning from Iraq (OIF, 73%), Afghanistan (OEF, 5%), and other locations (21%).
- Most participants (49%) were enlisted E1-E4, although many (31%) were E5-6, and some (8%) were E7-9 or officers (12%).

LIMITATIONS

- All screening data were provided by participants themselves which could have led to a self-report bias.
- The measurement of mental health care utilization may have been an underestimate due to the likelihood that some Service members received care outside the military health care system or through primary care settings whereby mental health diagnoses may not have been coded.
- Selected participants may differ from nonparticipants in ways that were not measured but affected the outcomes such as average number of previous deployments, ethnicity, or socioeconomic status.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine whether a possible repeat screening program implemented 90 to 180 days after deployment, when the presence of mental health problems is likely to be higher, will result in an increase in mental health care utilization
- Gather additional research beyond a year following deployment to determine the long-term burden that military operations will have on the mental health care system
- Collect qualitative data from Service members about their healthcare symptoms and utilization

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