

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## Mental Health Treatment Utilization in OIF/OEF National Guard and Reserve Troops With and Without DSM Diagnoses

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**SUMMARY:** Data from a recently deployed National Guard and Reserve sample were used to assess the prevalence of mental health issues and mental health service utilization within 12 months post-deployment. The associations between mental health diagnosis, distress, functioning, and social support on mental health care utilization were examined. Results indicate that mental health diagnosis, distress, and functioning, but not social support influenced Service members mental health service utilization.

### KEY FINDINGS:

- Only 50% of National Guard and Reserve members determined to have a potential need for mental health services received treatment.
- Service members diagnosed with depression or anxiety disorders were the most likely to seek treatment while those diagnosed with posttraumatic stress disorder (PTSD) were the least likely to seek treatment.
- Higher levels of distress and lower levels of functioning were associated with more treatment utilization.
- Thirty-six percent of participants had contact with at least one mental health provider within 12-months post-deployment; the majority of those Service members sought individual therapy.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Continue to offer support and services to military families with a Service member returning from deployment with mental health diagnoses
- Provide education to Service members and their families regarding the resources available for Service members returning from deployment
- Continue to train professionals who work with military families to recognize mental health issues among recently deployed Service members

### IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support programs and services that work with military Service members and their families during the reintegration phase of the deployment cycle
- Continue to support military campaigns that aim to reduce the stigma associated with utilizing mental health services for Service members
- Recommend education for service providers regarding the possible effects of deployment on Service members and their families

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## METHODS

- Participants were recruited as part of a larger study examining the risk factors associated with PTSD after deployment.
- Only participants who provided data for at least 12 months post-deployment were included in this study.
- The following criteria was used to determine potential need for mental health services: (1) at least one Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DMS-IV) diagnosis; (2) a Global Assessment of Functioning (GAF) score less than 61 (ranges from 0-100, with higher scores indicating better functioning); and (3) a distress severity score of 0.61 or higher (range not given).

## PARTICIPANTS

- Participants included 169 National Guard and Reserve members who recently returned from deployment and who had completed at least 12 months post-deployment follow-up.
- The majority of participants were White (88%), male (95%), and the average age was 34.8 years.
- Thirty percent of the sample met criteria for at least one DSM-IV diagnosis; depression was the most common mental health diagnosis (26%), followed by alcohol dependence (20%), PTSD (13%), and drug dependence (9%).

## LIMITATIONS

- The sample consisted of National Guard and Reserve members, therefore results may not generalize to other service branches.
- The majority of the sample were male, therefore results may not generalize to female National Guard and Reserve members.
- Only formal treatment approaches were examined, therefore results may not accurately reflect treatment utilization of Service members who sought treatment through more informal routes (e.g., religious leaders).

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Continue to examine which mental health and demographic factors influence mental health service utilization for military Service members returning from deployment
- Examine which barriers to care are most influential in deterring military Service members who are in need mental health care from accessing it
- Examine to what extent Service members utilize less formal treatment approaches to cope with mental health issues

## ASSESSING RESEARCH THAT WORKS



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