

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002-2008

Seal, K. H., Metzler, T. J., Gima, K. S., Bertenthal, D., Maguen, S., & Marmar, C. R. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002-2008. *American Journal of Public Health: Research and Practice*, 99(9), 1651-1658. doi:10.2105/AJPH.2008.150284

SUMMARY: Administrative records of OEF/OIF Veterans who first accessed Veterans Affairs (VA) resources from 2002-2008 were used to investigate longitudinal trends and risk factors for mental health diagnoses among OEF/OIF Veterans. A large portion of the Veterans received mental health diagnoses during this time period for a variety of mental health concerns including, posttraumatic stress disorder (PTSD) and depression.

KEY FINDINGS:

- Thirty-seven percent of the OEF/OIF Veterans seen in the VA healthcare system from 2002-2008 received mental health diagnoses over the study period.
- The cumulative prevalence of mental health diagnoses increased linearly with increasing length of time in the VA health care system.
- The two-year prevalence rates of all new mental health diagnoses increased substantially in association with the start of the war in Iraq.
- The youngest Active Duty Service members were at the highest risk for diagnoses of PTSD and drug and alcohol use disorder.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Include information in their educational classes for families that mental health problems may emerge over time and not be readily apparent immediately post-deployment
- Provide periodic outreach (e.g., communication via email, websites, U.S. mail) to Service members as mental health problems may emerge years after deployment or Service members may be ready for treatment at later dates
- Develop specialized programming for deployed mothers that focus on healthy behaviors, substance abuse prevention, mental health, and parenting

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage the development and continuation of programs that can promote resilience in Service members, their partners, and children
- Promote reintegration programs that include attention to assisting Service members' family in adjusting to the Service member's return
- Recommend education for service providers around the possible effects of deployment on Service members' families

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METHODS

- Veterans on the VA OEF/OIF roster who served in Iraq and/or Afghanistan and were first time users of VA health care after their OIF/OEF military service until March 31, 2008 were included.
- Demographic and military variables were extracted from the OEF/OIF Freedom roster.
- ICD-9 classification codes associated with VA inpatient and outpatient visits were extracted from VA National Patient Care Database.
- Prevalence rates were calculated, and risk for mental health diagnoses were determined.

PARTICIPANTS

- A total of 289,328 OEF/OIF Veterans were included (59% Active Duty).
- Characteristics of participants who were Active Duty were as follows: 87% male, 33% 25-29 years old, 33% 16-24 years old, 64% White, 18% Black, 11% Latino/Latina, 37% never married, 32% married, 94% enlisted, 46% Army, 20% Marines, 19% Navy, 16% Air Force, and 67% had only one deployment.
- Characteristics of participants who were National Guard and Reserve were as follows: 89% male, 28% 40-68 years old, 26% 30-39 years old, 23% 16-24 years old, 72% White, 14% Black, 9% Latino/Latina, 36% never married, 45% married, 92% enlisted, 83% Army, 6% Marines, 4% Navy, 7% Air Force, and 67% had only one deployment.

LIMITATIONS

- These results do not generalize to all OEF/OIF Veterans as rates of pre-existing or new mental health diagnoses may be higher among OEF/OIF Veterans who use the VA.
- The determination of cumulative prevalence of mental health diagnoses may be biased as all Veterans with mental health diagnoses were retained in the numerator.
- Diagnostic prevalence was based on ICD-9 codes entered in a database and is subject to error.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Use clinical interviews with a subset of the population to check how accurately the ICD codes reflect diagnostic criteria
- Include family report of mental health functioning to obtain a more comprehensive view of Service members' functioning
- Gather longitudinal data on Service members' use of the VA services and how this impacts their healthcare over time

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