

Putting Research to Work for Military Families



Focus:
Multiple
Branches

VA Mental Health Service Utilization in Iraq and Afghanistan Veterans in the First Year of Receiving New Mental Health Diagnoses

Seal, K. H., Maguen, S., Cohen, B., Gima, K. S., Metzler, T. J., Ren, L., ... Marmar, C. (2010). VA mental health service utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses. *Journal of Traumatic Stress, 23*(1), 5-16. doi:10.1002/jts.20493

SUMMARY: Administrative data from 238,098 OEF/OIF Veterans were used to examine mental health service utilization during the first year after a new mental health diagnosis in this population. Only a minority of Iraq and Afghanistan Veterans received the recommended number and intensity of Veterans Affairs (VA) mental health treatment sessions within the first year of diagnosis.

KEY FINDINGS:

- Of those who received a new mental health diagnosis, 67% had at least one follow-up visit at a VA in the year following the diagnosis (including 80% of new PTSD diagnoses and nearly 50% of other diagnoses). Of these, 70% attended 1-8 sessions and 30% attended 9 or more appointments.
- Of those with newly diagnosed PTSD, approximately one third received treatment from a VA PTSD specialty clinic, and 9% attended 9 or more sessions within 15 weeks within a year of diagnosis.
- Among OEF/OIF Veterans with PTSD, being over 25 years old was associated with having at least one mental health follow-up visit in the year after diagnosis.
- Failing to attend at least one follow-up visit in the year after receiving a new mental health diagnosis was associated with receiving the diagnosis from a non-mental health professional, living farther than 50 miles away from a VA, and having primarily received care through a VA community-based outpatient clinic.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Incorporate modules in their educational curricula for Service members on the benefits of active engagement with treatment for mental health disorders and the possible negative outcomes associated with premature termination
- Develop and distribute pamphlets for Service members regarding evidence-based treatments for mental health issues, outlining the standardized procedures associated with such services and the merits of completing treatment
- 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

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage the development of anti-stigma campaigns for Service members to help those dealing with mental health concerns feel more comfortable reaching out for help when distressed
- Recommend a range of services be offered to Service members dealing with mental health conditions
- Promote reintegration programs that include attention to assisting Service members' family in adjusting to the Service member's return

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METHODS

- Veterans on the VA OEF/OIF roster who served in Iraq and/or Afghanistan who received VA health care April 1, 2002 until March 31, 2008 were included.
- Demographic and military variables were extracted from the OEF/OIF roster and ICD-9 diagnostic codes. Visit dates and clinic type associated with VA inpatient and outpatient visits were extracted from VA National Patient Care Database.
- Statistical analyses were used to determine utilization and intensity of mental health visits. Two models were created to compute the relative risks of attending at least one follow-up mental health session and attending nine or more mental health sessions within 15 weeks .

PARTICIPANTS

- A sample of 238,098 OEF/OIF Veterans were included, 84,972 had any new mental health diagnoses (36%).
- Veterans with PTSD diagnoses (n = 49,425, 58%) had the following demographic information: 90% male, 33% 18-24 years old, 30% 25-29, years old, 69% White, 17% Black, 11% Latino/Latina, 48% never married, 40% married, 57% Active Duty, 97% enlisted, 73% Army, 18% Marines, 5% Navy, 4% Air Force, and 63% with only one deployment.
- Veterans with non-PTSD mental health diagnoses (n = 35,547, 42%) had the following demographic information: 85% male, 30% 18-24 years old, 30% 25-29 years old, 69% White, 17% Black, 12% Latino, 42% never married, 45% married, 56% Active Duty, 96% enlisted, 64% Army, 12% Marines, 14% Navy, 10% Air Force, and 69% with only one deployment.

LIMITATIONS

- There was no information on non-VA mental health treatment.
- This is a treatment-seeking sample of OEF/OIF Veterans; therefore, the results may not generalize to these Veterans as a whole.
- The data were based on administrative databases and are subject to biased reporting and database errors.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Assess use of non-VA mental health treatment in order to create a more complete picture of healthcare utilization
- Examine whether evidence based treatments were used, instead of using a proxy variable of more than 8 sessions, for Service members
- Gather data from Service members' families about their treatment patterns and healthcare utilization

ASSESSING RESEARCH THAT WORKS



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