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Health Services Use in the Department of Veterans Affairs among Returning Iraq War and Afghan War Veterans with PTSD

Early reports of the rate of PTSD and related health services use among American soldiers who have served in the conflicts in Afghanistan and Iraq (Operations Enduring Freedom and Iraqi Freedom; called OEF/OIF) have been widely disseminated (e.g. Hoge et al., 2004; Milliken et al., 2007). Those reports focused on the results of a large, organized military screening program and related Department of Defense (DoD) health services use. However, PTSD may persist well after separation from military service. A recent RAND report found almost twice the risk of PTSD in discharged and retired OEF/OIF soldiers as in active-duty soldiers (Schell & Marshall, 2008). While estimates vary (Ramchand et al., 2010), the rate of PTSD in OEF/OIF Veterans appears to be 15% or greater (Schnurr et al., 2010). As we approach 10 years of war, over 1.2 million soldiers have become eligible for VA services. Thanks in part to expanded VA eligibility for OEF/OIF Veterans, over 600,000 have used VA health services.

A body of literature studying VA health services utilization among OEF/OIF Veterans has developed, and documents patterns of service use for general medical and mental health care as well as efforts to understand barriers to care, stigma, and treatment preferences. Methods range from queries of national VA administrative data to the development of representative surveys, to the documentation of care processes on a microsystem level. This issue of *PTSD Research Quarterly* orients readers to this emerging area of the literature.

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Studies Using National VA Administrative Data

Studies of the prevalence of PTSD among OEF/OIF VA users consistently show a rise over time. Examining national data from 2003 through 2005 ($N = 48,733$), Kang and Hyams (2005) found a steady rise in the rate of diagnosed mental disorders, while the rate of general medical disorders was stable. This was especially true for PTSD, which rose from 3% to 10%. Seal et al. (2009) later expanded the time frame and examined data from 2001 through 2008 ($N = 289,328$), finding that the rate of PTSD in OEF/OIF VA users had increased from 0.2% to 21.8%.

Two studies arrived at similar results regarding the use of VA general medical services among OEF/OIF Veterans. Frayne et al. (2011) examined non-mental health care from 2005 through 2006 ($N = 90,558$). Veterans with a diagnosis of PTSD had a greater number of general medical diagnoses and greater primary care service utilization than Veterans without a mental health diagnosis. Cohen et al. (2010) extended the period of observation from 2001 through 2007 ($N = 249,440$) and stratified Veterans by whether they had PTSD, other mental disorders, or no mental disorders. PTSD was the most common mental health diagnosis (21.5%). Utilization of both outpatient and inpatient general medical care was highest for those with PTSD; Veterans with PTSD consumed almost twice as much general health care as those without a mental health diagnosis.

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U.S. Department of Veterans Affairs

Several studies evaluated VA mental health service use. Seal et al. (2007) identified OEF/OIF Veterans using the VA from 2001 through 2005 ($N = 103,788$). Overall, 13% of this population had been diagnosed with PTSD. Interestingly, 44% of the PTSD diagnoses were initially made in non-mental-health settings. Seal et al. (2010) then identified all OEF/OIF Veterans who were new to VA care from 2002 through 2008 ($N = 238,098$) and examined mental health services utilization for one year following an initial PTSD diagnosis ($n = 49,425$; 26%). These diagnoses were equally likely to originate in mental health clinics (42.3%) and primary care clinics (43.1%). Of those with PTSD, 80.0% had at least one follow-up visit in mental health during the year following their initial diagnosis. Having other mental health diagnoses in addition to PTSD and age over 25 years were associated with having a mental health follow-up visit. Receiving a PTSD diagnosis at a non-mental health clinic, living more than 50 miles from a VA facility, and primarily having received care at an outreach clinic were all associated with failing to have a mental health follow-up visit.

Seal et al.'s (2010) work suggested a model for evaluating the quality of psychotherapy care delivered to OEF/OIF Veterans. They defined an adequate amount of mental health treatment as 9 sessions completed over 15 weeks to allow for the delivery of evidence-based psychotherapy protocols. Of those with PTSD, 9.5% received 9 mental health visits over the first 15 weeks following their initial diagnosis. Veterans were more likely to receive adequate treatment if they initially received their PTSD diagnosis in a mental health clinic. Harpaz-Rotem and Rosenheck (2011) provided a more detailed examination of this low treatment retention. They identified OEF/OIF Veterans who were treated at VA facilities from 2004 through 2007 and had received a PTSD diagnosis in the prior three years ($N = 29,472$). In the year following their diagnosis, these Veterans had a mean of 8 mental health visits, which occurred over a mean of 221 days. The authors also compared treatment retention among OEF/OIF Veterans with PTSD and Veterans with PTSD from other eras, given concerns about increasing demands for service and possible stress on the treatment system (Rosenheck & Fontana, 2007). In unadjusted analyses, 121,620 Vietnam Veterans identified in the same manner received more mental health visits in the year following their PTSD diagnosis (13 visits) and stayed in treatment longer (248 days). However, after adjusting for demographic characteristics and comorbid diagnoses associated with treatment adherence, OEF/OIF Veterans with PTSD completed more mental health visits and were less likely to drop out of treatment.

Studies Using Survey Data

Several studies used existing survey data to draw conclusions about service use. Using 2000 and 2003 Behavioral Risk Factor Surveillance Survey (BRFSS) data, West and Weeks (2006) studied changes in physical and mental health status among self-reported VA users and non-users before and after the events that led to OEF and OIF. They found a significant rise in the proportion of VA users in the 18-44-year-old age group who had at least five days of poor mental health in the prior month, while mental functioning remained stable in other groups. Further stratifying this affected group by the date of their BRFSS interview revealed that functioning was poor in the winter and spring, (during the buildup to OIF), and improved in the summer as the initial occupation of Iraq was completed, but was poor again in the fall and winter as suicide bombings began and the protracted phase of the war commenced.

Using the Northeast Program Evaluation Center database, Fontana and Rosenheck (2008) examined differences between OEF/OIF Veterans, Persian Gulf War Veterans, and Vietnam Veterans presenting to specialized VA PTSD clinics. They found that OEF/OIF Veterans were less often diagnosed with substance abuse disorders, manifested more violent behavior, and had lower rates of VA disability compensation for PTSD. Likewise, Fontana et al. (2010) found that OEF/OIF women were healthier than women of prior eras; they had less severe psychopathology and more social supports than their Vietnam-era counterparts and less exposure to sexual and noncombat nonsexual trauma than their Persian Gulf War counterparts. However, compared to OEF/OIF men, OEF/OIF women had fewer interpersonal and economic supports, greater exposure to sexual and nonsexual noncombat trauma, and higher levels of some types of psychopathology, including non-PTSD anxiety disorders and mood disorders.

Other studies were based on new surveys developed specifically to understand mental health and health services use among OEF/OIF Veterans. Sayer et al. (2010) studied 754 Veterans who returned a mail survey (62% response rate). The weighted estimates of disease burdens included 27% with PTSD as assessed by VA chart diagnosis, 41% with PTSD as assessed by screening with the primary care PTSD screen, and 19% with VA disability benefits for PTSD. Reintegration problems were common and compounded among Veterans who had screened positive for PTSD; they were almost 13 times more likely to report difficulty confiding or sharing personal feelings and almost 9 times more likely to report problems controlling their anger. Services Veterans said they wanted in order to deal with these problems included information on Veterans benefits, information on schooling, employment, and job training, and educational materials for self-help. Veterans most commonly said that they wanted these resources from a VA medical center.

Kim et al. (2010) examined the relationship between stigma, barriers to care, and use of mental health services using a cross-sectional anonymous survey administered to OEF/OIF Veterans at 3 and 12 months post-deployment. The sample included both active-duty soldiers and VA-eligible National Guardsmen (1,510 at 3 months and 758 at 12 months). Using the PTSD Checklist, 13% screened positive for PTSD at 3 months and 17% at 12 months. Among the VA-eligible National Guardsmen, the most common stigma variables were embarrassment about treatment, concern about harming their careers and losing the confidence of other unit members, fear of being seen as weak, and fear of being treated differently by leadership. Difficulty getting time off from work for treatment and the cost of mental health care were the most common barriers listed by National Guard members at both time points. On most items, the perceptions of stigma and barriers were higher among active-duty soldiers. Among the National Guard members that screened positive for any mental health problem and sought treatment, the VA was the most common setting.

Kehle et al. (2010) examined VA and non-VA mental health services utilization among 424 returning OIF National Guardsmen in order to understand barriers and facilitators of treatment-seeking using the behavioral model of health care utilization. Mental health service use was common: 34.7% reported using some type of mental health service within 3-6 months of returning from Iraq. Among predisposing factors, predeployment mental health services use, in-theater injury,

combat, and poor health were associated with more service utilization, while a belief that mental health treatments don't work was associated with less. All need factors, including PTSD severity, depression severity, perceived problems, and interest in treatment, predicted mental health services utilization. Among enabling factors, having received psychotherapy or medications in-theater, postdeployment stressors, and postdeployment social support predicted service utilization. However, among those with a need, service utilization was lower than expected; 49% of soldiers who screened positive for PTSD and 60% of soldiers who screened positive for depression reported involvement in mental health treatment.

A recent literature review by Vogt (2011) not exclusively focused on OEF/OIF Veterans or PTSD suggests that both concerns about public stigma and personal beliefs about mental illness may be important barriers to service use. However, Vogt points out that we understand too little about treatment-related beliefs among Veterans and that developing this area could help us design interventions to promote engagement in effective treatments. She suggested greater development of the construct of treatment beliefs and improved measurement of this construct in the Veteran population.

Small-Scale Evaluations

Several small studies are loosely grouped under treatment assurance evaluate care processes underlying the movement of patients from DoD to VA healthcare facilities (Copeland et al., 2010), the intake and engagement process for outpatient PTSD care at VA facilities (Erbes et al., 2007; Erbes et al., 2009), and treatments that result from VA PTSD screening programs (Lindley et al., 2010, Seal et al., 2008). Additional studies by Stecker et al. (2010) and Meis et al. (2010) on treatment-related beliefs were published after Vogt's literature search. Possemato et al. (2010) presented a method to evaluate services utilization on a single-site level, which may have implications for local tracking and improvement activities. While some of the studies using national administrative data comment on PTSD disability ratings, Maynard et al. (2010) presented a method for examining these findings in greater detail at a single site. Finally, Harrison et al. (2010) suggested a method for predicting future PTSD treatment costs among OEF/OIF Veterans.

Conclusions

The body of literature on VA services use among OEF/OIF Veterans has documented a high level of service use and a high rate of PTSD among service users. Additionally, this work highlights areas for improvement of the VA care delivery system in treating OEF/OIF Veterans with PTSD. Recent VA policies and initiatives have been crafted to close these gaps. Further research should address the effectiveness of these strategies.

References

Ramchand, R., Schell, T. L., Karney, B. R., Osilla, K. C., Burns, R. M., & Caldarone, L. B. (2010). **Disparate prevalence estimates of PTSD among service members who served in Iraq and Afghanistan: Possible explanations.** *Journal of Traumatic Stress, 23*, 59-68. doi.org/10.1002/jts.20486.

Schell, T. L., & Marshall, G. N. (2008). **Survey of individuals previously deployed for OEF/OIF.** In T. Tanielian & L. H. Jaycox (Eds.), *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery* (pp. 87-115). Santa Monica, CA: RAND Corporation.

Schnurr, P. P., Kaloupek, D., Sayer, N., Weiss, D. S., Cohen, J., Galea, S., et al. (2010). **Understanding the impact of the wars in Iraq and Afghanistan.** *Journal of Traumatic Stress, 23*, 3-4. doi.org/10.1002/jts.20502.

FEATURED ARTICLES

Cohen, B. E., Gima, K., Bertenthal, D., Kim, S., Marmar, C. R., & Seal, K. H. (2010). **Mental health diagnoses and utilization of VA non-mental health medical services among returning Iraq and Afghanistan veterans.** *Journal of General Internal Medicine, 25*, 18-24. doi.org/10.1007/s11606-009-1117-3. *Background:* Over 35% of returned Iraq and Afghanistan veterans in VA care have received mental health diagnoses; the most prevalent is PTSD. Little is known about these patients' use of non-mental health medical services and the impact of mental disorders on utilization. *Objective:* To compare utilization across three groups of Iraq and Afghanistan veterans: those without mental disorders, those with mental disorders other than PTSD, and those with PTSD. *Design and participants:* National, descriptive study of 249,440 veterans newly utilizing VA healthcare between October 7, 2001 and March 31, 2007, followed until March 31, 2008. *Measurements:* We used ICD9-CM diagnostic codes to classify mental health status. We compared utilization of outpatient non-mental health services, primary care, medical subspecialty, ancillary services, laboratory tests/diagnostic procedures, emergency services, and hospitalizations during veterans' first year in VA care. Results were adjusted for demographics and military service and VA facility characteristics. *Main results:* Veterans with mental disorders had 42-146% greater utilization than those without mental disorders, depending on the service category (all $P < 0.001$). Those with PTSD had the highest utilization in all categories: 71-170% greater utilization than those without mental disorders (all $P < 0.001$). In adjusted analyses, compared with veterans without mental disorders, those with mental disorders other than PTSD had 55% higher utilization of all non-mental health outpatient services; those with PTSD had 91% higher utilization. Female sex and lower rank were also independently associated with greater utilization. *Conclusions:* Veterans with mental health diagnoses, particularly PTSD, utilize significantly more VA non-mental health medical services. As more veterans return home, we must ensure resources are allocated to meet their outpatient, inpatient, and emergency needs. [Author Abstract]

Fontana, A., & Rosenheck, R. (2008). **Treatment-seeking veterans of Iraq and Afghanistan: Comparison with veterans of previous wars.** *Journal of Nervous and Mental Disease, 196*, 513-521. doi.org/10.1097/NMD.0b013e31817cf6e6. Differences in the characteristics and mental health needs of veterans of the Iraq/Afghanistan war when compared with those of veterans who served in the Persian Gulf war and in the Vietnam war may have important implications for Veterans Affairs (VA) program and treatment planning. Subjects were drawn from administrative data bases of veterans who sought treatment from specialized VA programs for treatment of PTSD. Current Iraq/Afghanistan veterans

were compared with 4 samples of outpatient and inpatient Persian Gulf and Vietnam veterans whose admission to treatment was either contemporaneous or noncontemporaneous with their admission. A series of analyses of covariance was used hierarchically to control for program site and age. In analyses of contemporaneous veterans uncontrolled for age, Iraq/Afghanistan veterans differed most notably from Vietnam veterans by being younger, more likely to be female, less likely to be either married or separated/divorced, more often working, less likely to have ever been incarcerated, and less likely to report exposure to atrocities in the military. Regarding clinical status, Iraq/Afghanistan veterans were less often diagnosed with substance abuse disorders, manifested more violent behavior, and had lower rates of VA disability compensation because of PTSD. Differences are more muted in comparisons with Persian Gulf veterans, particularly in those involving noncontemporaneous samples, or those that controlled for age differences. Among recent war veterans with PTSD, social functioning has largely been left intact. There is a window of opportunity, therefore, for developing and focusing on treatment interventions that emphasize the preservation of these social assets.

Fontana, A., Rosenheck, R., & Desai, R. (2010). **Female veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with male veterans and female war zone veterans of previous eras.** *Journal of Women's Health, 19*, 751-757. doi.org/10.1089/jwh.2009.1389. *Background:* Differences in the characteristics and mental health needs of female veterans of the Iraq/Afghanistan war compared with those of veterans of other wars may have useful implications for VA program and treatment planning. *Methods:* Female veterans reporting service in the Iraq/Afghanistan war were compared with women reporting service in the Persian Gulf and Vietnam wars and to men reporting service in the Iraq/Afghanistan war. Subjects were drawn from VA administrative data on veterans who sought outpatient treatment from specialized PTSD treatment programs. A series of analyses of covariance (ANCOVA) was used to control for program site and age. *Results:* In general, Iraq/Afghanistan and Persian Gulf women had less severe psychopathology and more social supports than did Vietnam women. In turn, Iraq/Afghanistan women had less severe psychopathology than Persian Gulf women and were exposed to less sexual and noncombat nonsexual trauma than their Persian Gulf counterparts. Notable differences were also found between female and male veterans of the Iraq/Afghanistan war. Women had fewer interpersonal and economic supports, had greater exposure to different types of trauma, and had different levels of diverse types of pathology than their male counterparts. *Conclusions:* There appear to be sufficient differences within women reporting service in different war eras and between women and men receiving treatment in VA specialized treatment programs for PTSD that consideration should be given to program planning and design efforts that address these differences in every program treating female veterans reporting war zone service. [Author Abstract]

Frayne, S. M., Chiu, V. Y., Iqbal, S., Berg, E. A., Laungani, K. J., Cronkite, R. C., et al. (2011). **Medical care needs of returning veterans with PTSD: Their other burden.** *Journal of General Internal Medicine, 26*, 33-39. doi.org/10.1007/s11606-010-1497-4. *Background:* There has been considerable focus on the burden of mental illness (including PTSD) in returning Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans, but little attention to the burden of medical illness in those with PTSD.

Objectives: (1) Determine whether the burden of medical illness is higher in women and men OEF/OIF veterans with PTSD than in those with No Mental Health Conditions (MHC). (2) Identify conditions common in those with PTSD. *DESIGN:* Cross-sectional study using existing databases (Fiscal Year 2006–2007). *Setting:* Veterans Health Administration (VHA) patients nationally. *Patients:* All 90,558 OEF/OIF veterans using VHA outpatient care nationally, categorized into strata: PTSD, Stress-Related Disorders, Other MHCs, and No MHC. *Measurements:* (1) Count of medical conditions; (2) specific medical conditions (from ICD9 codes, using Agency for Health Research and Quality's Clinical Classifications software framework). *Main results:* The median number of medical conditions for women was 7.0 versus 4.5 for those with PTSD versus No MHC ($p < 0.001$), and for men was 5.0 versus 4.0 ($p < 0.001$). For PTSD patients, the most frequent conditions among women were lumbosacral spine disorders, headache, and lower extremity joint disorders, and among men were lumbosacral spine disorders, lower extremity joint disorders, and hearing problems. These high frequency conditions were more common in those with PTSD than in those with No MHC. *Conclusions:* Burden of medical illness is greater in women and men OEF/OIF veteran VHA users with PTSD than in those with No MHC. Health delivery systems serving them should align clinical program development with their medical care needs. [Author Abstract]

Harpaz-Rotem, I., & Rosenheck, R. A. (2011). **Serving those who served: Retention of newly returning veterans from Iraq and Afghanistan in mental health treatment.** *Psychiatric Services, 62*, 22-27. doi.org/10.1176/appi.ps.62.1.22. *Objective:* There are growing concerns about the mental health status of returning veterans from the recent conflicts in Iraq (Operation Iraq Freedom [OIF]) and Afghanistan (Operation Enduring Freedom [OEF]) and about retention in mental health treatment of veterans with PTSD. This study obtained data from veterans who had a new diagnosis of PTSD from fiscal year (FY) 2004 to FY 2007 and determined whether retention in PTSD treatment and the number of mental health visits were comparable among OIF-OEF veterans and veterans from other service eras. *Methods:* Data from the Department of Veterans Affairs and the Department of Defense were combined to identify veterans who were newly diagnosed as having PTSD ($N = 204,184$) and their service era. Survival analysis assessed dropout from mental health treatment within 1 year from initial diagnosis, and Poisson regression assessed the association between war era and number of mental health visits. *Results:* Although a smaller proportion of OIF-OEF veterans than Vietnam-era veterans remained in treatment for more than 1 year (37.6% versus 46.0%), when the analyses adjusted for demographic characteristics and comorbid diagnoses, OIF-OEF veterans were less likely than Vietnam-era veterans to discontinue psychiatric treatment for PTSD within 1 year. OIF-OEF veterans attended fewer mental health visits than Vietnam-era veterans did (8.15 versus 13.37). However, multivariate analysis indicated that, after the analyses adjusted for confounding factors, OIF-OEF veterans had significantly more visits than Vietnam-era veterans associated with PTSD treatment. *Conclusions:* Retention and numbers of visits were found to be lower among OIF-OEF veterans primarily as a function of age and comorbid conditions and not as a function of the particular war era. Interventions should be designed to target specific barriers to care that may interfere with continued engagement in mental health services. [Author Abstract]

Kang, H. K., & Hyams, K. C. (2005). **Mental health care needs among recent war veterans.** *New England Journal of Medicine*, *352*, 1289. doi.org/10.1056/NEJMp058024. 15% or more of some populations of veterans of the Vietnam War and the 1991 Gulf War have received diagnoses of PTSD. Given this history and the fact that U.S. troops in Iraq and Afghanistan are serving for prolonged periods in a hazardous combat environment, we expect the mental health care needs of our newest veterans to be great. In a survey of 3671 Army soldiers and Marines who were involved in combat in Iraq and Afghanistan, up to 17% of those returning reported symptoms consistent with major depression, generalized anxiety, or PTSD. The influx of veterans with possible mental disorders underscores the need to plan for increased mental health care. The projections of future needs will be imprecise, since we cannot predict the duration of the conflicts, the level of violence that will be maintained, or the total number of troops that will be deployed. [Adapted from Text]

Kehle, S. M., Polusny, M. A., Murdoch, M., Erbes, C. R., Arbisi, P. A., Thuras, P., et al. (2010). **Early mental health treatment-seeking among U.S. National Guard soldiers deployed to Iraq.**

Journal of Traumatic Stress, *23*, 33-40. doi.org/10.1002/jts.20480. The authors examined rates of and factors associated with postdeployment treatment-seeking in a panel of 424 National Guard soldiers who spent 16 months in Iraq. Soldiers completed a self-report, mailed survey 3 to 6 months after returning home. Approximately one third of respondents reported postdeployment mental health treatment. Those who screened positive for mental health problems were more likely to indicate that they had received treatment compared to those who screened negative, but over one half of those who screened positive were not engaged with mental health treatment. Variables related to reported treatment receipt included positive attitudes about mental health therapies, having been injured in-theater, illness-based need, and having received mental health treatment while in-theater. Implications and future research directions are discussed.

Kim, P. Y., Thomas, J. L., Wilk, J. E., Castro, C. A., & Hoge, C. W. (2010). **Stigma, barriers to care, and use of mental health services among active duty and National Guard soldiers after combat.**

Psychiatric Services, *61*, 582-588. doi.org/10.1176/appi.ps.61.6.582. *Objective:* This study examined rates of utilization of mental health care among active duty and National Guard soldiers with mental health problems 3 and 12 months after they returned from combat in Iraq. Stigma and barriers to care were also reported for each component (active duty and National Guard). *Methods:* Cross-sectional, anonymous surveys were administered to 10,386 soldiers across both time points and components. Mean scores from 11 items measuring stigma and barriers to care were computed. Service utilization was assessed by asking soldiers whether they had received services for a mental health problem from a mental health professional, a medical doctor, or the Department of Veterans Affairs in the past month. Risk of mental problems was measured using the Patient Health Questionnaire, the PTSD Checklist, and items asking about aggressive behaviors and "stress, emotional, alcohol, or family" problems within the past month. *Results:* A higher proportion of active duty soldiers than National Guard soldiers reported at least one type of mental health problem at both 3 months (45% versus 33%) and 12 months (44% versus 35%) postdeployment. Among

soldiers with mental health problems, National Guard soldiers reported significantly higher rates of mental health care utilization 12 months after deployment, compared with active duty soldiers (27% versus 13%). Mean stigma scores were higher among active duty soldiers than among National Guard soldiers. *Conclusions:* Active duty soldiers with a mental health problem had significantly lower rates of service utilization than National Guard soldiers and significantly higher endorsements of stigma. Current and future efforts to improve care for veterans should work toward reducing the stigma of receiving mental health care. [Author Abstract]

Rosenheck, R. A., & Fontana, A. F. (2007). **Recent trends in VA treatment of post-traumatic stress disorder and other mental disorders.** *Health Affairs*, *26*, 1720-1727. doi.org/10.1377/hlthaff.26.6.1720.

Treating PTSD among returning Iraq/Afghanistan veterans is a high priority for the U.S. Department of Veterans Affairs (VA). The number of Persian Gulf-era veterans diagnosed with PTSD grew by 8,000 veterans per year from 2003 to 2005. Since 1997, however, the average annual growth in all users of VA specialty mental health services has averaged 37,000 veterans per year, including 22,000 per year with PTSD. This expansion was associated with a 37 percent reduction in mental health visits per veteran per year. The VA has substantially increased funding for PTSD services. Nevertheless, the observed growth in demand requires continued monitoring to assure that the needs of returning veterans are met. [Author Abstract]

Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravelly, A., & Murdoch, M. (2010). **Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care.** *Psychiatric Services*, *61*, 589-597.

doi.org/10.1176/appi.ps.61.6.589. *Objective:* The objectives of this study were to describe the prevalence and types of community reintegration problems among Iraq and Afghanistan combat veterans who receive U.S. Department of Veterans Affairs (VA) medical care, identify interests in interventions or information to promote readjustment to community life, and explore associations between probable PTSD and reintegration problems and treatment interests. *Methods:* A national, stratified sample of Iraq-Afghanistan combat veterans receiving VA medical care responded to a mailed survey focused on community reintegration. Of 1,226 veterans surveyed, 754 (62%) responded. Prevalence and proportions were adjusted for potential nonresponse bias. *Results:* An estimated 25% to 56% of combat veterans who use VA services reported "some" to "extreme" difficulty in social functioning, productivity, community involvement, and self-care domains. At least one-third reported divorce, dangerous driving, increased substance use, and increased anger control problems since deployment. Almost all (96%) expressed interest in services to help readjust to civilian life (95% confidence interval [CI] = 93%-99%). The most commonly preferred ways to receive reintegration services or information were at a VA facility, through the mail, and over the Internet. An estimated 41% (95% CI = 36%-46%) screened positive for PTSD, and probable PTSD was associated with reporting more readjustment difficulties and expressing interest in more types of services, including traditional mental health services. *Conclusions:* Iraq-Afghanistan combat veterans who already receive VA medical care reported multiple current reintegration problems and wanted services and information to help

them readjust to community life. These concerns were particularly prevalent among those with probable PTSD. Research is needed to explore nontraditional modes of service delivery, including the Internet. [Author Abstract]

Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S., & Marmar, C. (2007). **Bringing the war back home: Mental health disorders among 103,788 U.S. veterans returning from Iraq and Afghanistan seen at Department of Veterans Affairs facilities.** *Archives of Internal Medicine*, *167*, 476-482. doi.org/10.1001/archinte.167.5.476.

Background: Veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) have endured high combat stress and are eligible for 2 years of free military service-related health care through the Department of Veterans Affairs (VA) health care system, yet little is known about the burden and clinical circumstances of mental health diagnoses among OEF/OIF veterans seen at VA facilities. **Methods:** U.S. veterans separated from OEF/OIF military service and first seen at VA health care facilities between September 30, 2001 (U.S. invasion of Afghanistan), and September 30, 2005, were included. Mental health diagnoses and psychosocial problems were assessed using ICD-9 Clinical Modification codes. The prevalence and clinical circumstances of and subgroups at greatest risk for mental health disorders are described herein. **Results:** Of 103,788 OEF/OIF veterans seen at VA health care facilities, 25,658 (25%) received mental health diagnosis(es); 56% of whom had 2 or more distinct mental health diagnoses. Overall, 32,010 (31%) received mental health and/or psychosocial diagnoses. Mental health diagnoses were detected soon after the first VA clinic visit (median of 13 days), and most initial mental health diagnoses (60%) were made in nonmental health clinics, mostly primary care settings. The youngest group of OEF/OIF veterans (age, 18-24 years) were at greatest risk for receiving mental health or PTSD diagnoses compared with veterans 40 years or older. **Conclusions:** Co-occurring mental health diagnoses and psychosocial problems were detected early and in primary care medical settings in a substantial proportion of OEF/OIF veterans seen at VA facilities. Targeted early detection and intervention beginning in primary care settings are needed to prevent chronic mental illness and disability. [Author Abstract]

Seal, K. H., Maguen, S., Cohen, B., Gima, K. S., Metzler, T. J., Ren, L., et al. (2010). **VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses.** *Journal of Traumatic Stress*, *23*, 5-16. doi.org/10.1002/jts.20493. Little is known about mental health services utilization among Iraq and Afghanistan veterans receiving care at Department of Veterans Affairs (VA) facilities. Of 49,425 veterans with newly diagnosed PTSD, only 9.5% attended 9 or more VA mental health sessions in 15 weeks or less in the first year of diagnosis. In addition, engagement in 9 or more VA treatment sessions for PTSD within 15 weeks varied by predisposing variables (age and gender), enabling variables (clinic of first mental health diagnosis and distance from VA facility), and need (type and complexity of mental health diagnoses). Thus, only a minority of Iraq and Afghanistan veterans with new PTSD diagnoses received a recommended number and intensity of VA mental health treatment sessions within the first year of diagnosis. [Author Abstract]

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*, *99*, 1651-1658. doi.org/10.2105/AJPH.2008.150284.

Objectives: We sought to investigate longitudinal trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans. **Methods:** We determined the prevalence and predictors of mental health diagnoses among 289,328 Iraq and Afghanistan veterans entering Veterans Affairs (VA) health care from 2002 to 2008 using national VA data. **Results:** Of 289,328 Iraq and Afghanistan veterans, 106,726 (36.9%) received mental health diagnoses; 62,929 (21.8%) were diagnosed with PTSD and 50,432 (17.4%) with depression. Adjusted 2-year prevalence rates of PTSD increased 4 to 7 times after the invasion of Iraq. Active duty veterans younger than 25 years had higher rates of PTSD and alcohol and drug use disorder diagnoses compared with active duty veterans older than 40 years (adjusted relative risk = 2.0 and 4.9, respectively). Women were at higher risk for depression than were men, but men had over twice the risk for drug use disorders. Greater combat exposure was associated with higher risk for PTSD. **Conclusions:** Mental health diagnoses increased substantially after the start of the Iraq War among specific subgroups of returned veterans entering VA health care. Early targeted interventions may prevent chronic mental illness. [Author Abstract]

Vogt, D. (2011). **Mental health-related beliefs as a barrier to service use for military personnel and veterans: A review.** *Psychiatric Services*, *62*, 135-142. doi.org/10.1176/appi.ps.62.2.135.

Objective: Although military personnel are at high risk of mental health problems, research findings indicate that many military personnel and veterans do not seek needed mental health care. Thus it is critical to identify factors that interfere with the use of mental health services for this population, and where possible, intervene to reduce barriers to care. The overarching goal of this review was to examine what is known with regard to concerns about public stigma and personal beliefs about mental illness and mental health treatment as potential barriers to service use in military and veteran populations and to provide recommendations for future research on this topic. **Methods:** 15 empirical articles on mental health beliefs and service use were identified via a review of the military and veteran literature included in PsycINFO and PubMed databases. **Results:** Although results suggest that mental health beliefs may be an important predictor of service use for this population, several gaps were identified in the current literature. Limitations include a lack of attention to the association between mental health beliefs and service use, a limited focus on personal beliefs about mental illness and mental health treatment, and the application of measures of mental health beliefs with questionable or undocumented psychometric properties. **Conclusions:** Studies that attend to these important issues and that examine mental health beliefs in the broader context within which decisions about seeking health care are made can be used to best target resources to engage military personnel and veterans in health care. [Author Abstract]

West, A. N., & Weeks, W. B. (2006). **Mental distress among younger veterans before, during, and after the invasion of Iraq.** *Psychiatric Services*, *57*, 244-248. doi.org/10.1176/appi.ps.57.2.244.

FEATURED ARTICLES *continued*

Objective: The purpose of this study was to determine whether patients receiving care from the Department of Veterans Affairs (VA) reported more mental distress as the war in Iraq began or reintensified compared with other respondents to national health surveys. **Methods:** Data from the 2000 and 2003 Behavioral Risk Factor Surveillance System (BRFSS) health surveys were analyzed. Unlike in other years, these particular surveys asked respondents whether they were military veterans. As in other years' surveys, these surveys also asked whether respondents used VA medical care. Male respondents were stratified by age and separated into three groups: VA patients, other veterans, and nonveterans. The proportions of respondents who reported 5 or more recent days of poor mental or physical health were analyzed with chi square tests. **Results:** Although the number of recent days of poor mental health among nonveterans, other veterans, and older VA patients were stable from 2000 to 2003, younger VA patients in 2003 reported substantially more days of poor mental health in two intervals: during the Iraq war buildup and invasion, and later, when resistance on the ground reintensified. Comparable changes in physical health complaints were not observed. **Conclusions:** In times of war, the VA may anticipate more mental health problems among its current patients, particularly younger veterans. [Author Abstract]

ADDITIONAL CITATIONS

Copeland, L. A., Zeber, J. E., Bingham, M. O., Pugh, M. J., Noël, P. H., Schmacker, E. R., et al. (2011). **Transition from military to VHA care: Psychiatric health services for Iraq/Afghanistan combat-wounded.** *Journal of Affective Disorders, 130*, 226-230. doi.org/10.1016/j.jad.2010.10.017. **Objective:** Veterans from the wars in Afghanistan and Iraq (OEF/OIF) report high rates of mental distress, especially affective disorders. Ensuring continuity of care across institutions is a priority for both the Department of Defense (DoD) and the Veterans Health Administration (VHA), yet this process is not monitored nor are medical records integrated. This study assessed transition from DoD to VHA and subsequent psychiatric care of service members traumatically injured in OEF/OIF. **Methods:** Inpatients at a DoD trauma treatment facility discharged in FY02-FY06 ($n = 994$) were tracked into the VHA via archival data ($n = 216$ OEF/OIF veterans). Mental health utilization in both systems was analyzed. **Results:** VHA users were 9% female, 15% Hispanic; mean age 32 ($SD = 10$; range 19-59). No DoD inpatients received diagnoses of PTSD; 21% had other mental health diagnoses, primarily drug abuse. In the VHA, 38% sought care within 6 months of DoD discharge; 75% within 1 year. VHA utilization increased over time, with 88-89% of the transition cohort seeking care in FY07-FY09. Most accessed VHA mental health services (81%) and had VHA psychiatric diagnoses (71%); half met criteria for depression (27%) or PTSD (38%). Treatment retention through FY09 was significantly greater for those receiving psychiatric care: 98% vs 62% of those not receiving psychiatric care ($\chi^2 = 53.3$; $p < .001$). **Limitations:** DoD outpatient data were not available. The study relied on administrative data. **Conclusions:** Although physical trauma led to hospitalization in the DoD, high rates of psychiatric disorders were identified in subsequent VHA care, suggesting delay in development or recognition of psychiatric problems. [Author Abstract]

ADDITIONAL CITATIONS *continued*

Erbes, C., Westermeyer, J., Engdahl, B., & Johnsen, E. (2007). **Post-traumatic stress disorder and service utilization in a sample of service members from Iraq and Afghanistan.** *Military Medicine, 172*, 359-363. **Objective:** The purpose of this study was to evaluate levels of PTSD, depression, alcohol abuse, quality of life, and mental health service utilization among returnees from Operation Enduring Freedom and Operation Iraqi Freedom. **Methods:** 120 returnees, enrolled for health care at a midwestern Veterans Affairs medical center, completed questionnaires approximately 6 months after their return from deployment. **Results:** PTSD levels (12%) were consistent with previous research while problematic drinking levels were also elevated (33%). PTSD and, to a lesser degree, alcohol abuse were associated with lower quality of life in multiple domains, even when controlling for the influence of depression. Of those screening positive for PTSD, 56% reported using mental health services. Only 18% of those screening positive for alcohol abuse reported using such services. **Conclusions:** PTSD and alcohol problems are prevalent in Operation Enduring Freedom/Operation Iraqi Freedom returnees and associated with lower quality of life. Mental health service utilization is limited, even among returnees enrolled for Veterans Affairs health care. [Author Abstract]

Erbes, C. R., Curry, K. T., & Leskela, J. (2009). **Treatment presentation and adherence of Iraq/Afghanistan era veterans in outpatient care for posttraumatic stress disorder.** *Psychological Services, 6*, 175-183. doi.org/10.1037/a0016662. The ongoing wars in Afghanistan (Operation Enduring Freedom or OEF) and Iraq (Operation Iraqi Freedom or OIF) make the development and application of effective postdeployment mental health treatment programs a high priority. There has been some concern that existing treatment programs for combat-related PTSD may not fit well with OEF/OIF veterans confronted with acute mental health difficulties while reestablishing community, familial, and occupational connections after their deployment. This study utilized data gathered from a large outpatient Veterans Affairs Medical Center PTSD treatment clinic to examine differences in initial treatment presentation and treatment adherence (attendance and dropout) between a group of Vietnam era veterans ($n = 54$) and a group of OEF/OIF veterans ($n = 106$). OEF/OIF veterans reported lower levels of symptom distress on questionnaires assessing posttraumatic reexperiencing, avoidance, dissociation, and arousal symptoms but similar levels of anger and acting out behaviors and higher levels of alcohol problems. OEF/OIF veterans had significantly lower rates of session attendance and higher rates of treatment dropout than Vietnam veterans, and this difference was not accounted for by differences in treatment presentation. [Author Abstract]

Harrison, J. P., Satterwhite, L. F., & Ruday, W. (2010). **The financial impact of post traumatic stress disorder on returning U.S. military personnel.** *Journal of Health Care Finance, 36*, 65-74. This article addresses the financial impact of PTSD on U.S. military personnel returning from service in Iraq and proposes a strategy to ensure that adequate resources are available to provide evidence-based PTSD care. Prolonged exposure to combat stress has produced high rates of veterans with PTSD and other psychiatric disorders. The study found that from 2003 to 2008 approximately 720,666 U.S. military members deployed to Iraq. Based on that population at risk, if 15% of returning U.S. military members will require health care services

for PTSD, it is estimated that approximately 108,099 returning U.S. military members will require treatment for PTSD. Based upon current deployment rates, government health care planners can anticipate the annual expenditure of \$200 million on PTSD care. The study has managerial implications associated with ensuring high quality PTSD health care services for returning U.S. military personnel. It has policy implications on the allocation of scarce health care resources within the Department of Defense (DoD) and Veterans Health Administration (VHA) health care systems to enhance the provision of PTSD services to military personnel and veterans. [Author Abstract]

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). **Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care.** *New England Journal of Medicine*, *351*, 13-22. doi.org/10.1056/NEJMoa040603. *Background:* The current combat operations in Iraq and Afghanistan have involved U.S. military personnel in major ground combat and hazardous security duty. Studies are needed to systematically assess the mental health of members of the armed services who have participated in these operations and to inform policy with regard to the optimal delivery of mental health care to returning veterans. *Methods:* We studied members of four U.S. combat infantry units (three Army units and one Marine Corps unit) using an anonymous survey that was administered to the subjects either before their deployment to Iraq ($n = 2530$) or three to four months after their return from combat duty in Iraq or Afghanistan ($n = 3671$). The outcomes included major depression, generalized anxiety, and PTSD, which were evaluated on the basis of standardized, self-administered screening instruments. *Results:* Exposure to combat was significantly greater among those who were deployed to Iraq than among those deployed to Afghanistan. The percentage of study subjects whose responses met the screening criteria for major depression, generalized anxiety, or PTSD was significantly higher after duty in Iraq (15.6 to 17.1%) than after duty in Afghanistan (11.2%) or before deployment to Iraq (9.3%); the largest difference was in the rate of PTSD. Of those whose responses were positive for a mental disorder, only 23 to 40% sought mental health care. Those whose responses were positive for a mental disorder were twice as likely as those whose responses were negative to report concern about possible stigmatization and other barriers to seeking mental health care. *Conclusions:* This study provides an initial look at the mental health of members of the Army and the Marine Corps who were involved in combat operations in Iraq and Afghanistan. Our findings indicate that among the study groups there was a significant risk of mental health problems and that the subjects reported important barriers to receiving mental health services, particularly the perception of stigma among those most in need of such care. [Author Abstract]

Karlin, B. E., Ruzek, J. I., Chard, K. M., Eftekhari, A., Monson, C. M., Hembree, E. A., et al. (2010). **Dissemination of evidence-based psychological treatments for posttraumatic stress disorder in the Veterans Health Administration.** *Journal of Traumatic Stress*, *23*, 663-673. doi.org/10.1002/jts.20588. Unlike the post-Vietnam era, effective, specialized treatments for PTSD now exist, although these treatments have not been widely available in clinical settings. The U.S. Department of Veterans Affairs (VA) is nationally disseminating

2 evidence-based psychotherapies for PTSD throughout the VA health care system. The VA has developed national initiatives to train mental health staff in the delivery of Cognitive Processing Therapy (CPT) and Prolonged Exposure therapy (PE) and has implemented a variety of strategies to promote local implementation. In this article, the authors examine VA's national CPT and PE training initiatives and report initial patient, therapist, and system-level program evaluation results. Key issues, lessons learned, and next steps for maximizing impact and sustainability are also addressed. [Author Abstract]

Lindley, S., Cacciapaglia, H., Noronha, D., Carlson, E., & Schatzberg, A. (2010). **Monitoring mental health treatment acceptance and initial treatment adherence in veterans: Veterans of Operations Enduring Freedom and Iraqi Freedom versus other veterans of other eras.** *Annals of the New York Academy of Sciences*, *1208*, 104-113. doi.org/10.1111/j.1749-6632.2010.05692.x. Identifying factors that influence mental health outcomes in veterans can aid in the redesign of programs to maximize the likelihood of early resolution of problems. To that end, we examined demographic and clinical process data from 2,684 veterans who scored positive on a mental health screen. We investigated this data set for patterns and possible predictors of mental health referral acceptance and attendance. The majority of patients had not received mental health treatment within the last 2 years (76%). Veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) were more likely to accept a mental health referral for depression but were equally likely to attend a mental health visit as other era veterans. Decreased acceptance was associated with provider type and contact method, clinic location, depression only, and specific age ranges (65-74). Among those who accepted a referral, decreased attendance was associated with clinic location, depression only, and retirement. No variables predicted OEF/OIF acceptance/attendance. In conclusion, our findings illustrate the importance of close, continual monitoring of clinical process data to help reveal targets for improving mental health care for veterans. [Author Abstract]

Maynard, C., Flohr, B., Guagliardo, T. A., Martin, C. H., McFarland, L. V., Pruden, J. D., et al. (2010). **Department of Veterans Affairs compensation and medical care benefits accorded to veterans with major limb loss.** *Journal of Rehabilitation Research and Development*, *47*, 403-408. doi.org/10.1682/JRRD.2009.02.0016. Veterans injured in theaters of combat operations are eligible for benefits, including medical care and compensation. This article describes veterans with service-connected disability for major lower-and/or upper-limb loss resulting from combat-field-associated injuries sustained in the Vietnam war, Operation Desert Shield/Operation Desert Storm, and Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). Using the Department of Veterans Affairs (VA) Compensation and Pension Mini-Master file, we identified 2,690 veterans who in August 2007 received compensation for loss of one or more limbs. More than 97% sustained their injuries in Vietnam; most were young men who served in the U.S. Army or Marine Corps. All but 5% had at least 50% combined service-connected disability and nearly half had a 100% rating. In addition to limb loss, one of the most prevalent compensable conditions was PTSD, present in 46% of OIF/OEF and 20% of Vietnam veterans. Of these veterans, 82% visited VA outpatient clinics in

2007, although only 4% were hospitalized. A special obligation exists to those who have sustained serious injuries related to combat; this responsibility extends for the life of the service member and beyond to his or her spouse and dependents. [Author Abstract]

Meis, L. A., Barry, R. A., Kehle, S. M., Erbes, C. R., & Polusny, M. A. (2010). **Relationship adjustment, PTSD symptoms, and treatment utilization among coupled National Guard soldiers deployed to Iraq.** *Journal of Family Psychology, 24*, 560-567. doi.org/10.1037/a0020925. Although combat-related PTSD is associated with considerable impairment in relationship adjustment, research has yet to investigate how PTSD symptoms and relationship distress uniquely and jointly predict utilization of a range of mental health services. The present study sought to examine these issues utilizing a longitudinal sample of National Guard soldiers surveyed 2-3 months following return from deployment to Iraq and again 12 months later ($N = 223$). Results indicated that PTSD symptom severity, but not relationship adjustment, uniquely predicted greater odds of utilizing individual-oriented mental health services. A significant interaction was found indicating associations between PTSD symptoms and the odds of using services were increased when soldiers reported greater relationship adjustment. For utilization of family-oriented care, greater relationship distress was significantly correlated with greater odds of using services, but associations with PTSD symptoms were nonsignificant. The association between relationship distress and utilization of family-oriented services did not vary significantly with severity of PTSD symptoms. Results suggest supportive intimate relationships facilitate mental health treatment utilization for soldiers with PTSD symptoms. [Author Abstract]

Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). **Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war.** *Journal of the American Medical Association, 298*, 2141-2148. doi.org/10.1001/jama.298.18.2141. *Context:* To promote early identification of mental health problems among combat veterans, the Department of Defense initiated population-wide screening at 2 time points, immediately on return from deployment and 3 to 6 months later. A previous article focusing only on the initial screening is likely to have underestimated the mental health burden. *Objective:* To measure the mental health needs among soldiers returning from Iraq and the association of screening with mental health care utilization. *Design, Setting, and Participants:* Population-based, longitudinal descriptive study of the initial large cohort of 88,235 U.S. soldiers returning from Iraq who completed both a Post-Deployment Health Assessment (PDHA) and a Post-Deployment Health Re-Assessment (PDHRA) with a median of 6 months between the 2 assessments. *Main Outcome Measures:* Screening positive for PTSD, major depression, alcohol misuse, or other mental health problems; referral and use of mental health services. *Results:* Soldiers reported more mental health concerns and were referred at significantly higher rates from the PDHRA than from the PDHA. Based on the combined screening, clinicians identified 20.3% of active and 42.4% of reserve component soldiers as requiring mental health treatment. Concerns about interpersonal conflict increased 4-fold. Soldiers frequently reported alcohol concerns, yet very few were referred to alcohol treatment. Most soldiers who used mental

health services had not been referred, even though the majority accessed care within 30 days following the screening. Although soldiers were much more likely to report PTSD symptoms on the PDHRA than on the PDHA, 49% to 59% of those who had PTSD symptoms identified on the PDHA improved by the time they took the PDHRA. There was no direct relationship of referral or treatment with symptom improvement. *Conclusions:* Rescreening soldiers several months after their return from Iraq identified a large cohort missed on initial screening. The large clinical burden recently reported among veterans presenting to Veterans Affairs facilities seems to exist within months of returning home, highlighting the need to enhance military mental health care during this period. Increased relationship problems underscore shortcomings in services for family members. Reserve component soldiers who had returned to civilian status were referred at higher rates on the PDHRA, which could reflect their concerns about their ongoing health coverage. Lack of confidentiality may deter soldiers with alcohol problems from accessing treatment. In the context of an overburdened system of care, the effectiveness of population mental health screening was difficult to ascertain. [Author Abstract]

Possemato, K., Wade, M., Andersen, J., & Quimette, P. (2010). **The impact of PTSD, depression, and substance use disorders on disease burden and health care utilization among OEF/OIF veterans.** *Psychological Trauma: Theory, Research, Practice, and Policy, 2*, 218-223. doi.org/10.1037/a0019236. Growing evidence suggests that PTSD is associated with poorer health status (e.g., more medical disease, physical symptoms, and sick visits to health care professionals) among veterans who served in Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq. We investigated whether PTSD, depression, and substance use disorders independently predicted health status over time among OEF/OIF veterans. Information regarding psychiatric and medical conditions and health care utilization was culled for 4,463 OEF/OIF veterans enrolled in Veterans Administration primary care for a period of 6 years. Data were analyzed using multilevel modeling and generalized estimating equations. Results suggest that PTSD, depression, and substance use disorders are independently associated with increased medical disease burden and mental health care utilization but not increased medical health care utilization. The association between PTSD and medical disease burden strengthened over time. These data suggest that OEF/OIF veterans with PTSD may be at risk for increasingly poorer physical health in terms of medical disease burden over time. [Author Abstract]

Seal, K. H., Bertenthal, D., Maguen, S., Gima, K., Chu, A., & Marmar, C. R. (2008). **Getting beyond "Don't ask; don't tell": An evaluation of U.S. Veterans Administration postdeployment mental health screening of veterans returning from Iraq and Afghanistan.** *American Journal of Public Health, 98*, 714-720. doi.org/10.2105/AJPH.2007.115519. *Objectives:* We sought to evaluate outcomes of the Veterans Administration (VA) Afghan and Iraq Post-Deployment Screen for mental health symptoms. *Methods:* Veterans Administration clinicians were encouraged to refer Iraq or Afghanistan veterans who screened positive for posttraumatic stress disorder, depression, or high-risk alcohol use to a VA mental health clinic. Multivariate methods were used to determine predictors of screening, the proportions who screened positive for particular mental health

problems, and predictors of VA mental health clinic attendance. *Results:* Among 750 Iraq and Afghanistan veterans who were referred to a VA medical center and 5 associated community clinics, 338 underwent postdeployment screening; 233 (69%) screened positive for mental health problems. Having been seen in primary care (adjusted odd ratio [AOR] = 13.3; 95% confidence interval [CI] = 8.31, 21.3) and at a VA community clinic (AOR = 3.28; 95% CI = 2.03, 5.28) predicted screening. African American veterans were less likely to have been screened than were White veterans (AOR = 0.45; 95% CI = 0.22, 0.91). Of 233 veterans who screened positive, 170 (73%) completed a mental health follow-up visit. *Conclusions:* A substantial proportion of veterans met screening criteria for co-occurring mental health problems, suggesting that the VA screens may help overcome a “don’t ask, don’t tell” climate that surrounds stigmatized mental illness. Based on data from 1 VA facility, VA postdeployment screening increases mental health clinic attendance among Iraq and Afghanistan veterans. [Author Abstract]

Stecker, T., Fortney, J., Hamilton, F., Sherbourne, C. D., & Ajzen, I. (2010). **Engagement in mental health treatment among veterans returning from Iraq.** *Patient Preference and Adherence*, 4, 45-49. doi.org/10.2147%2FPPA.S7368<http://dx.doi.org/10.2147/PPA.S7368>.

Objectives: Many veterans return from combat experiencing a variety of mental health concerns. Previous research has documented a stigma associated with seeking treatment that interferes with the decision to seek treatment. This study, conceptualized using the theory of planned behavior, assessed beliefs about mental health treatment in order to understand mental health treatment seeking behavior among a group of returning National Guard soldiers who served in the war in Iraq. *Methods:* Participants were one hundred and fifty Operation Iraqi Freedom National Guard soldiers who screened positive for depression, posttraumatic stress disorder, generalized anxiety disorder, panic disorder or alcohol abuse disorder on the Mini International Neuropsychiatric Interview (MINI). Participants were asked to complete a questionnaire assessing beliefs about mental health treatment and treatment-seeking behavior. *Results:* Beliefs related to symptom reduction and work were significantly related to mental health treatment-seeking behavior. *Conclusions:* Interventions developed to engage veterans into care must be directed toward cognitive factors that motivate treatment seeking in addition to traditionally targeted structural barriers. [Author Abstract]