



The Mental Health Needs of Veterans, Service Members and Their Families



Over 2 million Americans have been deployed to Iraq and Afghanistan over the past decade and increasing numbers are returning home with complex mental and behavioral health challenges.¹

WAR'S INVISIBLE WOUNDS

Data indicate that one-third of returning Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) service members have reported symptoms of mental health or cognitive problems.²

Traumatic Brain Injury (TBI) & Post Traumatic Stress Disorder (PTSD)

- ◆ Known as the “signature wounds” of OEF and OIF, the IOM reports that the prevalence of these conditions among returning service members range from 19.5 percent to 22.8 percent for TBI³, and up to 24.4 percent for PTSD.³
- ◆ 77.3 percent of active-duty service members hospitalized for PTSD had a comorbid mental health diagnosis, and this percentage increased every year from 2006-2012; alcohol abuse or dependence was a frequent comorbidity (27.8%).³

“Previous wars have demonstrated that veterans’ needs peak several decades after their war service, highlighting the necessity of managing current problems and planning for future needs.”⁴

SUICIDE AND SUICIDAL IDEATION

In recent years, suicide and suicidal ideation, or thoughts of suicide, have become an increasing concern for veterans, service members, and their families.

- ◆ According to a 2014 report by the Department of Defense, there were 1,080 suicide attempts (245 suicides) among active-duty service members for all armed services in calendar year 2013.⁶
- ◆ A recent study of 52,780 active-duty members of the U.S. Air Force found that 3 percent of male participants and 5.2 percent of female participants reported suicidal ideation in the previous year. Of the participants that reported suicidal ideation, 8.7 percent also reported a recent suicide attempt.⁷
- ◆ Veterans who screened positive for PTSD were 4 times more likely to report suicidal ideation than veterans who did not, and the likelihood of suicidal ideation was 5.7 times greater in veterans who screened positive for PTSD and two or more comorbid disorders.⁴

MILITARY SEXUAL TRAUMA (MST)

- ◆ MST has become an important risk factor for PTSD. National data indicate that about 1 in 4 women and 1 in 100 men responded “yes” that they experienced MST, when screened by their VA provider.⁵
- ◆ For women, it is estimated that female veterans who have a history of MST are nine times more likely to develop PTSD compared to female veterans who had no history of sexual trauma.⁴

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¹ Demers, Anne. "When veterans return: The role of community in reintegration." *Journal of Loss and Trauma* 16.2 (2011): 160-179.

² Tanielian T, Jaycox LH, Schell TL, Marshall GN, Burnam MA, Eibner C, Karney BR, Meredith LS, Ringel JS, Vaiana ME, and the Invisible Wounds Study Team, *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries*, Santa Monica, Calif.: RAND Corporation, MG-720/1-CCF, 2008, 64 pp.

³ Institute of Medicine. (2014). *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment*. Washington, D.C.: National Academies Press.

⁴ Institute of Medicine. (2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Washington, D.C.: National Academies Press.

⁵ U.S. Commission on Civil Rights. (2013). *Sexual Assault in the Military. 2013 Statutory Enforcement Report*. Washington, DC

⁶ Department of Defense. (2014). DODSER: Department of Defense Suicide Event Report: calendar year 2013 annual report. Washington, DC: Department of Defense; 2014.

⁷ Snarr, J. D., R. E. Heyman, and A. M. Smith Slep. 2010. Recent suicidal ideation and suicide attempts in a large-scale survey of the US Air Force: Prevalences and demographic risk factors. *Suicide and Life-Threatening Behavior* 40 (6):544-552.



One-third of children with at least one deployed parent have had psychological challenges such as depression, anxiety and behavioral disorders.¹⁴

AN INSUFFICIENT MENTAL HEALTH CARE WORKFORCE

As OEF and OIF deployed service members continue to return with high rates of mental health disorders, the IOM cites concerns regarding the availability and adequacy of mental health professionals and services.

- ◆ A 2013 report of mental health care for OEF and OIF veterans found that the mental health workforce had insufficient capacity to address the needs of service members returning home.¹³
- ◆ In addition, the study found that the existing workforce lacked sufficient training in evidence-based practices, and there were inadequate organizational systems and tools to support mental health quality improvements.
- ◆ Veterans from rural communities are at a particular disadvantage as they face challenges such as limited options for assessment and treatment, and providers' lack of awareness of military culture.¹³

THE IMPACT OF DEPLOYMENTS ON MILITARY FAMILIES

- ◆ The IOM reports that the most common psychological challenges experienced by both service members and their families include fears for the safety of the service member, feeling anxious or overwhelmed by deployment-related challenges and responsibilities, worry about children, and vulnerability to additional stressors that might arise.⁸
- ◆ The 2012 "Army Gold Book" indicated that 56 percent of all spouses reported experiencing stress in 2010. Nearly half (44 percent) of the spouses reported concerns about their finances, and two-thirds reported that they had less than \$500 in savings. 19 percent of spouses reported they were in counseling, primarily for stress, family and/or marital issues.⁹

Military families play a key role in helping to prepare service members for deployments, providing emotional support and motivation, and assisting with reintegration after returning home.

HOMELESSNESS AMONG VETERANS

The 2014 Point-in-Time count indicated that on a single night in January 2014, there were approximately 50,000 homeless Veterans in the United States.¹⁰

- ◆ Male veterans are 1.3 times more likely to become homeless than non-veteran men; and female veterans are 3.6 times more likely to become homeless than non-veteran women.¹¹
- ◆ Recent data show that roughly 70 percent of homeless veterans suffer from a substance use disorder.¹¹
- ◆ The VA reports that 45 percent of homeless veterans suffer from mental illness, predominantly PTSD.¹²

THE ROLE OF HEALTH SERVICE PSYCHOLOGISTS

Health service psychologists (clinical, counseling and school) provide appropriate mental and behavioral health care services, including assessment, screening, psychotherapy, counseling, diagnosis, treatment, prevention, remediation, consultation, and supervision.

- ◆ They are skilled in collaboration with other health professionals and are trained to conduct scientific research, especially practice-based outcomes research and program evaluation.
- ◆ Health service psychologists engage in evidence-based practice that is patient-centered, culturally competent, effective, and informed by population-based data across a variety of settings, including primary care, mental health, VA medical centers, community health centers, hospitals, and schools.

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⁸ Institute of Medicine. (2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Washington, D.C.: National Academies Press.

⁹ Department of the Army. 2012. *Army 2020: Generating Health and Discipline in the Force*. Washington, DC: Department of Defense.

¹⁰ US Department of Housing and Urban Development The 2014 Annual Homeless Assessment Report (AHAR) to Congress. Pt.1 Point-in-time Estimates of Homelessness Section 5—Homelessness Among Veterans

¹¹ Fargo, J., Metraux, S., Byrne, T., Munley, E., Montgomery, A. E., Jones, H., ... & Culhane, D. (2012). Prevalence and risk of homelessness among US veterans. *Preventing chronic disease*, 9.

¹² Perl, L. (2013). *Veterans and homelessness* (Congressional Research Service Report for Congress). Retrieved from: <http://www.fas.org/sgp/crs/misc/RL34024.pdf>

¹³ Elnitsky, C., Andresen, E., Clark, M., McGarity, S., Hall, C., Kerns. (2013) *Access to the US Department of Veterans Affairs health system: self-reported barriers to care among returnees of Operations Enduring Freedom and Iraqi Freedom*. Retrieved from: <http://www.biomedcentral.com/1472-6963/13/498>

¹⁴ Mansfield, A.J., Kaufman, J.S., Engle, C.C., & Bradley, N.G. (Nov. 2011) Deployment and mental health diagnoses among children of US Army personnel. *Archives of Pediatric and Adolescent Medicine*, 165(11), 999-1005