



Mental Health Outreach and Screening Among Returning Veterans: Are We Asking the Right Questions?

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ABSTRACT

“This study looked at predictors of mental health treatment utilization in a unique cohort of recently separated Veterans coming to the Department of Veterans Affairs (VA) (N=152). This convenience sample voluntarily completed questionnaires, which included mental health screening tools, during an outreach event at a large urban VA Medical Center. Researchers reviewed computerized medical records of these consenting participants to record VA treatment utilization. There is a statistically significant association between posttraumatic stress disorder screening results, functional impairment, and treatment-seeking. Certain functional impairments increase the odds of participation in VA mental health care. These include problems with school and/or work (odds ratio (OR)=2.8), physical fights (OR=2.8), physical health problems (OR=3.0), financial difficulties (OR=3.0), irritability/anger (OR=3.4), isolation (OR=3.8), drug use (OR=5.7), and problems with social support (OR=7.0). This study concluded that asking about symptoms alone may not capture the breadth and nature of Veterans’ postdeployment difficulties.”

RESEARCH HIGHLIGHTS

- This study assesses the impact of functional impairment and its association with VHA treatment-seeking. The purpose of this study is to determine if identification of functional impairment is a suitable alternative to only screening veterans for PTSD. The researchers examine if functional impairment status can serve as a predictor of future VHA service usage among veterans.
- The researchers seek to identify the types of functional impairments that service members and veterans report in VHA assessments. Functional impairments include difficulty with road rage or driving, school/education or work, relationships, finances, irritability or anger, isolation, physical fights, drug use, social support, physical health, sleep, and home life concerns. By identifying functional impairments that do not necessarily determine PTSD diagnoses, the researchers hope to recognize barriers to care that may not otherwise be studied since some functional impairments fall outside the auspices of PTSD-centered mental health care.
- Findings show that two of the functional impairments tested are significantly associated with VHA treatment-seeking: isolation and social supports. 20% of veterans who sought VHA treatment reported moderate or severe difficulty with isolation (which is not assessed in PTSD screening tools) and 19% of veterans who sought treatment reported moderate issues of social supports.



IMPLICATIONS

FOR PRACTICE

Veterans who struggle with any functional impairment should seek VHA mental health assistance even if they do not meet the PTSD diagnosis threshold. Families concerned about their veteran's mental health should consider family therapy, recreational therapy, or community support as a pathway to treatment for their veteran. Advocates should strongly encourage their veterans to pursue mental health treatment, even if the veteran does not receive a positive screening result for PTSD, alcohol abuse, TBI or depression. To prevent the development of a chronic life impairment, primary physicians and mental health practitioners should work together and use referrals, when necessary, to effectively address any underlying mental health issues. Clinicians should pay particular attention to difficulties with social support when screening for mental health needs among returning service members. Mental health practitioners should target both symptom reduction and functional status to generate the most effective treatment model for returning veterans. This could be accomplished by combining psychotherapy with case management and family therapy, for example. Medical personnel outside of the VHA system should be cognizant of the challenges that often accompany a service member's military experiences, such as PTSD and other mental health needs.

FOR POLICY

The VA might continue its patient-centered approach with regular screening to detect when veterans are experiencing difficulty with PTSD or other functional impairments. Since veterans over the age of 75 are less likely to attend follow-up mental health appointments, the VHA might conduct greater outreach to retain the older veterans who may have exacerbated mental health conditions. In addition to screening for PTSD, the VHA might expand its focus to include daily life functions in its screening mechanisms to better account for the sub-threshold symptom impact of functional impairments. The VHA might design brief interventions to address functional impairments that may be present even if a veteran does not screen positive for PTSD. To meet the goal of enrolling more new users, the VHA might enroll veterans immediately after their separation from active duty. VHA policymakers might adopt new approaches to advertising the VHA that focus more on services, health and medical care. The VHA might undertake a campaign to remind veterans of the services it offers veterans seeking additional social support.

FOR FUTURE RESEARCH

Within the sample, veterans with children were less likely to have a chart review completed, indicating a potential bias of the study towards veterans without children. Subsequent studies should include a more diverse sample of veterans. A limitation of this study is that the data is self-reported and the sample is predominantly white male Marines. Future researchers should collect data from verifiable sources, such as medical records. To improve generalizability, future studies should include veterans from all military branches. It might be beneficial to oversample some races and women in subsequent studies to better determine their functional impairments. Future researchers should compare the functional impairments of previous era veterans to OEF/OIF/OND veterans to ensure veterans from all war eras are receiving most necessary services. Researchers should examine whether the PC-PTSD screening instrument used by the VHA accurately predicts mental health treatment use. Previous studies have found that screening instruments in non-VA or civilian primary care settings are more likely to capture those with more severe diagnoses of PTSD. This finding demonstrates the need for continued research on how to modify screening instruments to identify patients who may benefit from intervention before symptoms become more severe.

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