Employment Status of Veterans Receiving Substance Abuse Treatment From the U.S. Department of Veterans Affairs

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**RESEARCH HIGHLIGHTS:**
- Ensuring employment opportunities for veterans is an important policy priority for the U.S. Departments of Defense (DOD) and Veterans Affairs (VA); however, veterans with substance abuse and mental health issues may have multiple employment-related challenges. In this study, researchers examined employment outcomes among veterans receiving substance abuse treatment from the VA, particularly among those with co-occurring disorders.
- Both reported earnings and paid days of work slightly improved for veterans over the course of their substance abuse treatment; however, they still had very low employment outcomes overall. At follow-up, only about 32 percent of veterans reported any earnings and 35 percent reported any days of paid work during the past 30 days.
- Veterans with co-occurring anxiety, general medical problems and older veterans were at higher risk of employment difficulties. Compared to general anxiety disorders, general medical problems had a greater negative effect on employment outcomes.

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**ABSTRACT:**
“Objective: This study examined employment outcomes of veterans with substance use disorders and co-morbid general medical and psychiatric disorders following substance abuse treatment.

Methods: The authors obtained employment and other information reported by 5,729 veterans at intake and at follow-up three to nine months after receiving substance abuse treatment from the U.S. Department of Veterans Affairs during 2001 – 2010. Random-effects logistic regression models examined the probability of having employment earnings and days of paid work during the past 30 days among veterans with co-morbid conditions.

Results: The percentage of veterans with any days of paid work rose from 28% at intake to 35% at follow-up. Veterans with co-morbid anxiety and general medical conditions had lower odds of having earnings from employment or days of paid work at follow-up.

Conclusions: Veterans with substance use disorders, particularly those with co-morbid general medical and anxiety disorders, may be at risk of employment problems.”
Implications

FOR PRACTICE
Clinicians and counselors working with veterans can use the results of this study to further their understanding of the difficulties veterans face in finding employment, especially for veterans with substance abuse issues. Older veterans, those with anxiety disorders and those with other medical issues have higher risk for employment difficulties, and as such may need different treatment protocols, or counseling and care that is more individualized. Results of this study showed a correlation between higher education levels and higher rates of employment for veterans who have been through substance abuse treatment. These results indicate that both treatment and education are important for veterans’ career success and that education can be especially beneficial for those with substance abuse histories. Family members, friends and community advocates for veterans transitioning back to civilian life after service should therefore focus on supporting veterans in educational and vocational training programs, as these programs can benefit their careers and employment outlook significantly.

FOR POLICY
Policy makers may consider implementing screening policies for substance abuse risk factors for all veterans who participate in employment assistance programs. These screenings should be coupled with referrals to counselors and physicians, perhaps designated by neighborhood, to increase ease of access to mental health care for veterans in need of it. Policy makers should also continue to provide funding for programs that simultaneously address multiple aspects of veterans’ physical, mental and behavioral health. These programs can improve the re-integration process by providing resources and coping strategies that decrease the amount of difficulty veterans may face in finding employment. VA officials may consider working with policy makers to create more long-term treatment programs with follow-up protocols in place, and to standardize program length across sites so that veterans are receiving consistent treatment regardless of their socioeconomic status or geographic area.

FOR FUTURE RESEARCH
Future studies could expand this study by linking data from Addiction Severity Index (ASI) to the VA’s electronic medical record, to examine the full range of medical history and service utilization, beyond what was self-reported in the ASI. Furthermore, future studies should examine VA substance abuse programs that use assessments other than the ASI. Finally, future studies should examine how to assess veterans’ need for vocational training and supported employment and education programs, and examine the impact of these programs on employment outcomes for veterans in substance abuse treatment.