

Veterans Health Administration Vocational Services for Operation Iraqi Freedom/ Operation Enduring Freedom Veterans with Mental Health Conditions

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DATE: 2013

PUBLICATION: *Journal of Rehabilitation Research and Development*, 50(5); 663-670

PUBLICATION TYPE: Peer-Reviewed Journal Article

PUBLICATION LINK: <https://dx.doi.org/10.1682/JRRD.2012.08.0137>

KEYWORDS: Brain injury, compensated work therapy, depression, employment, posttraumatic stress disorder, rehabilitation, service utilization, substance use disorder, supported employment, unemployment

ABSTRACT

“High rates of mental health conditions and unemployment are significant problems facing Veterans of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). We examined two national Veterans Health Administration (VHA) databases from fiscal years 2008-2009: a larger database (n = 75,607) of OIF/OEF Veterans with posttraumatic stress disorder, depression, substance use disorder, or traumatic brain injury (TBI) and a smaller subset (n = 1,010) of those Veterans whose employment, was tracked during their participation in VHA vocational services. Only 8.4% of Veterans in the larger database accessed any vocational services and retention was low, with most Veterans attending one or two appointments. Veterans with TBI and with more mental health conditions overall, were more likely to access vocational services. Only 2.2% of Veterans received evidence-based supported employment. However, supported employment was effective, with 51% of those Veterans receiving it obtaining competitive work. Effect sizes quantifying the effect of supported employment provision on competitive work attainment, number of jobs, job tenure, and retention in vocational services were large. Given the high success rate of supported employment for these

Veterans, additional supported employment specialists for this population, would be expected to improve work outcomes for post-9/11 Veterans who want assistance returning to work.”

RESEARCH HIGHLIGHTS

- In recent years, veteran unemployment rate has been higher than the non-veteran unemployment rate. Additionally, 37 percent of veterans who were enrolled in Veterans Health Administration (VHA) services from 2002-2008 received mental health diagnoses. Given these rates, effective vocational services to help veteran return to the workforce and increase income are urgently needed. This study investigates nationwide patterns of vocational service use among Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans with the top four mental health conditions (posttraumatic stress disorder (PTSD), depression, substance use disorder, or traumatic brain injury (TBI)).
- The researchers found that 8.4 percent of OIF/OEF veterans diagnosed with a mental health condition accessed vocational services within the VA at least one time. Of those who participated in evidence-based support employment sessions, most had 1 or 2 sessions, which is not considered intensive enough to make job placement likely (it typically takes 1-2 sessions to complete initial assessment).
- Despite the low rate of supported employment service provision, evidence-based supported employment was effective when it was provided. Fifty-one percent of veterans who received at least one supported employment visit obtained competitive work, compared with 21 percent of veterans who did not receive supported employment. Those receiving supported employment obtained more jobs, worked more days, and engaged in vocational services longer than those who did not.
- Given the benefit of evidence-based supported employment, the VA might consider expanding the service to include veterans without a mental health diagnosis. Additionally, the VA might hire more employment specialists to improve access to this evidence-based practice.

IMPLICATIONS

FOR PRACTICE

Given the benefit of supported employment and vocational programs, unemployed veterans with mental health conditions who want to return to the workforce should participate in the Department of Veterans Affairs' (VA) supported employment and vocational programs. To maximize the benefit of supported employment and vocational programs, veterans should attend multiple sessions. Veterans with mental health conditions who are seeking employment should discuss best supports for them with a supported employment specialist or vocational rehabilitation counselor. Providers serving veterans with mental health conditions might find it beneficial to outline an employment plan with their veterans, which can include steps to gain employment, such as utilizing supported employment services available through the VA. Since participation in the VA's supported employment programs has been shown to improve the chances of obtaining competitive work for veterans with a mental health condition, family, friends, and coworkers should encourage veterans to participate in supported employment and vocational programs.

FOR POLICY

The VA might consider making publicly accessible the number of OIF/OEF veterans with mental health conditions who were referred to VHA vocational services each year. Since the Compensated Work Therapy/Supported Employment (CWT/SE) program successfully connects veterans to meaningful work, the VA should continue CWT/SE in each of its Veteran Health Administration healthcare systems across the United States. The VA might continue evaluating its non-evidence-based vocational rehabilitation programs, including Transitional Work Experience (TWE) and Incentive Therapy (IT). The VA might evaluate the accessibility of its vocational programs, especially as they relate to veterans with posttraumatic stress disorder (PTSD). Given the number of veterans who would benefit from supported employment programs, the VA might consider expanding its supported employment and vocational programs. To increase the capacity of its vocational services, the VA might hire additional employment specialists. Since most veterans attended only 1 or 2 supported employment sessions, the VA might examine how to engage veterans over time. To increase awareness of supported employment and vocational rehabilitation programs and services available to veterans through the VA, the VA might distribute pamphlets and information about these resources through multiple channels, such as the Department of Defense and the Department of Labor.

FOR FUTURE RESEARCH

One limitation of this study is that available data from the VA does not include the number of OIF/OEF veterans with mental health issues that were referred to VHA vocational services from 2008-2009. Further research could be conducted on the usage of VHA vocational services, particularly since 2010. Since many veterans only attended 1-2 sessions, future researchers should examine reasons why veterans with mental health conditions stopped attending the sessions so early. Researchers should consider barriers to engagement and way to improve retention. Future researchers should continue evaluating the effectiveness of supported employment and vocational services for veterans with and without mental health conditions. To further improve VA vocational programs for post-9/11 veterans, researchers should analyze the unemployment and underemployment rates of OIF/OEF veterans with mental health issues.

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