



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



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 the Armed Forces Health Surveillance Center (AFHSC), since 2010 suicide has been the second-leading cause of death in U.S. service members.⁷
- ◆ A recent study of 52,780 active-duty members of the U.S. Air Force found that 3% of male participants and 5.2% of female participants reported suicidal ideation in the previous year. Of the participants that reported suicidal ideation, 8.7% (4,592 members) also reported a recent suicide attempt.⁸
- ◆ 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.⁹

With military operations in Iraq and Afghanistan drawing to an end, many returning service members face complex mental and behavioral health challenges in readjusting to life after deployment.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% to 22.8% for TBI, and up to 20% for PTSD.³
- ◆ PTSD often co-occurs with other psychological conditions, such as depression, anxiety disorders, and substance-use disorders. In 2009, a study found that 29% of veterans who had mental health diagnoses had two diagnoses, and 33% had three or more.⁴

**“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.”
(Institute of Medicine, 2013)**

Military Sexual Trauma (MST)

- ◆ MST has become an important risk factor for PTSD. A study examining sexual harassment and assault during military service found that sexual assault was reported by 13.1% of women and 1.6% of men.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.⁶

1 Institute of Medicine. (2010). *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. Washington, D.C.: National Academies Press.

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

4 Seal, K. H., T. J. Metzler, K. S. Gima, D. Bertenthal, S. Maguen, and C. R. Marmar. 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(9):1651-1658.

5 Street, A. E., D. Vogt, and L. Dutra. 2009. A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan. *Clinical Psychology Review* 29(8):685-694.

6 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.

7 AFHSC. 2012. Deaths by suicide while on active duty, active and reserve components, US Armed Forces, 1998-2011. *Medical Surveillance Monthly Report* 19(6):7-10.

8 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.

9 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.



44% of veterans reported readjustment difficulties after returning from deployments in Iraq and/or Afghanistan.

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.¹⁰
- ◆ The 2012 “Army Gold Book” indicated that 56% of all spouses reported experiencing stress in 2010. Nearly half (44%) of the spouses reported concerns about their finances, and two-thirds reported that they had less than \$500 in savings. 19% of spouses reported they were in counseling, primarily for stress, family and/or marital issues.¹¹

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.

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 2009 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.¹⁴
- ◆ 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 particular disadvantage as they face challenges such as limited options for assessment and treatment, and the providers’ lack of awareness of military culture.¹⁵

READJUSTING TO CIVILIAN LIFE

- ◆ Though many returning service members readjust to civilian life with no difficulty after deployments, others report challenges re-acclimating to home life, returning to school, reconnecting with family, and finding employment.¹²
- ◆ The Pew Research Center found that 44% of OEF and OIF veterans reported readjustment difficulties, 48% strains on family life, 47% outbursts of anger, and 32% an occasional loss of interest in daily activities.¹³

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 and quality improvements, research, as well as 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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¹⁰ 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.

¹¹ Department of the Army. 2012. *Army 2020: Generating Health and Discipline in the Force*. Washington, DC: Department of Defense.¹³ Ibid.

¹² 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.

¹³ Pew Research Center. 2011. *The Military-Civilian Gap: War and Sacrifice in the Post-9/11 Era*.

¹⁴ Burnam, M. A., L. S. Meredith, T. Tanielian, and L. H. Jaycox. 2009. Mental-health care for Iraq and Afghanistan war veterans. *Health Affairs* 28(3):771-782.

¹⁵ 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.