Post-traumatic Stress Disorder and Service Utilization in a Sample of Service Members from Iraq and Afghanistan


120 Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) Veterans participated in a study examining how posttraumatic stress disorder (PTSD), depression, and alcohol abuse impact quality of life and mental health utilization. PTSD, and to a lesser degree depression, were associated with lower quality of life in multiple domains.

Key Findings:

- The rate of PTSD (12%) was similar to other studies, and rates of risky drinking (33% classified as hazardous) were relatively high.
- Among those screening positive for PTSD, 56% reported receiving individual or group therapy and/or psychiatric medication since their return from Iraq or Afghanistan.
- Among risky drinkers, only 18% reported receiving any mental health services and only 3% reported receiving chemical dependency treatment.
- General distress and negative affect as described in the depression questionnaire, but not PTSD symptoms, were associated with seeking these services.
- PTSD was associated with reported reductions in quality of life across many domains.

Implications for Programs:

- Programs could offer informational sessions for Service members and families about how to recognize mental and chemical health problems and to how to talk to a loved one about addiction.
- Programs could consider offering support groups for family members impacted by mental or chemical health problems in their Service members.

Implications for Policies:

- Policies could recommend that all returning Service members be screened for alcohol use, depression, and PTSD, both upon return from deployment and over time.
- Policies could allocate funding for family program workers to be trained in the detection of mental health problems and in motivational interviewing techniques, empowering workers with skills in talking to someone in distress about seeking mental health services.

Avenues for Future Research:

- Future research could be longitudinal and assess multiple domains of functioning such as depression, PTSD, and alcohol use to determine how they influence each other over time.
- Additional studies could evaluate the effectiveness of a range of interventions for PTSD, both as a single diagnosis and when there are comorbid conditions such as alcohol abuse and mood disorders.
**Methodology:**

- OIF/OEF returnees who enrolled for care at the Minneapolis VA Medical Center were contacted via telephone and asked to participate; 92% of those contacted agreed to participate.
- Those who agreed to participate were given $25 and completed (via mail) measures of post-traumatic stress, depression, alcohol use, quality of life, use of mental health services, and psychiatric medications before, during, and after deployment. 55% returned completed surveys.
- Established cut-offs were used to classify participants into groups: PTSD-positive and negative; presence or absence of hazardous drinking.
- T-tests were used to compare PTSD and hazardous drinking groups on outcome variables.
- Logistic regression was used to examine the relative contributions of depression, PTSD, and alcohol use to predict service utilization.

**Participants:**

- 120 Veterans participated (86% male).
- 54% single, 28% married, 8% divorced.
- Median age = 27.50 years, 49% reported some college, 29% had a 2 or 4 year degree, 10% had a graduate degree.
- 91% were in the Army (81% were Guard or Reserves), 5% Marines, 2% Air Force, 2% Navy.
- Deployment: 64% to Iraq, 12% Afghanistan, 24% elsewhere in the Persian Gulf.
- No racial/ethnic information was presented.

**Limitations:**

- There was limited demographic information presented, and the generalizability of these findings is unknown.
- Veterans who were seeing mental health providers at the time were excluded from the study which may have biased the findings.
- Patients were divided into groups which diminishes the amount of information used from the data.
- It is unknown how these results pertain to OIF/OEF Veterans who did not sign up for VA medical care or those who did not participate.

### Assessing Research that Works

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Not applicable because authors do not discuss implications

**Overall Quality Rating**

★ ★ ★