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Clinical and demographic factors associated with employment status in US military veterans returning from Iraq and Afghanistan

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KEYWORDS: Depression, OIF/OEF, pain, polytrauma, posttraumatic stress disorder

RESEARCH HIGHLIGHTS:

- Of a sample of 169 OIF/OEF veterans, there were no significant differences found in employment status among those with or without PTSD (Post Traumatic Stress Disorder), mTBI (having experienced a mild Traumatic Brain Injury), or experiencing sleep or pain issues.
- The only clinical factor associated with employment status was experiencing depressive symptoms (less likely to be employed). Of the 76 unemployed OIF/OEF veterans in the sample of 169, 56 reported being depressed.
- Age was borderline statistically significant in regards to employment status, with those who were age 40 or older indicating a greater likelihood of being employed.

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ABSTRACT:

“OBJECTIVE: To determine the association between clinical and demographic factors with employment status in post-deployment US military veterans returning from Iraq and Afghanistan.

PARTICIPANTS: 169 OIF/OEF veterans seen at a post-deployment clinic between December of 2009 and May of 2010.

METHODS: Data was collected retrospectively on employment status, age, marital status, gender, pre-deployment education, ratings of sleep disturbance, pain, depression, and mild traumatic brain injury (mTBI) or PTSD diagnosis.

RESULTS: Unemployment was highly prevalent in this sample (45%). Of the demographic and clinical factors examined, only a self-report of global depression severity was significantly associated with a higher prevalence of unemployment in multivariate analysis (odds ratio [OR] 0.21, 95% confidence interval [CI] 0.10-0.47). Age greater than 40 demonstrated a positive association with employment status that was of borderline statistical significance ([OR] 2.8, 95% confidence interval [CI] 1.0-8.1). Prior diagnoses of mTBI or PTSD, and current sleep or pain symptoms, were not associated with employment status.

CONCLUSIONS: Individuals with more severe self-reported depression had a higher prevalence of unemployment. Future prospective studies are needed to better understand which factors determine employment status in returning veterans.”

Implications

FOR PRACTICE

The presence of self-reported depression and age greater than 40 years, were independently associated with employment status in this sample of post-deployment U.S. veterans. Despite the fact that other factors such as PTSD, mTBI, pain, insomnia, and demographic characteristics may often be related to quality of life in veterans, statistically significant associations between these factors and employment status were not seen in this sample. Although the findings may be limited to this sample and future research is needed, these findings have useful implications for clinical practice and understanding the correlates of employment status. Depression was a stronger correlate of employment status in this study but, from a practical perspective, continued support and treatment of any mental health diagnoses is likely to improve the likelihood of successful employment outcomes. Occupational program facilitators and health professionals should continue to create interventions that target the needs of veterans with respect to clinical factors and employment.

FOR POLICY

The relationship between clinical factors and employment in post-combat veterans is complex. Until the determinants of employment are better understood, policies assisting with hiring initiatives for veterans, as well as their return to work and ability to perform job tasks while being treated for mental health issues are essential. Policy makers should focus on initiatives that serve veterans with multiple diagnoses and health professionals providing care to these veterans. Ideally, policy approaches could be modified in response to the findings of ongoing research on the most important independent determinants of reintegration. Although not directly addressed in this study, policy makers and employers need to be aware that while veterans may have adjustment issues that can affect obtaining employment, they must also understand that these issues may not be barriers to being effective employees.

FOR FUTURE RESEARCH

Even though there was no significant difference in employment between those who had an mTBI and those who did not, it should be noted that this was a small study of a clinical convenience sample. There is clearly value in further study of those who are employed and have had an mTBI, specifically the nature of their jobs (cognitive skills required to perform their job tasks) and their success on the job. This would provide information on whether those who have had an mTBI are seeking and getting employed in jobs that have less of an emphasis on critical thinking skills. Since this study found that those with an mTBI were significantly less likely to be students, additional research could target combat veterans' motivations and ability to pursue education, according to mTBI status. With respect to both employment and education outcomes, relationships independent of PTSD symptoms must be examined. Since this study only included 169 OIF/OEF veterans who sought local VA care at a polytrauma site, and were positively screened initially using a four question mTBI screening tool, this sample does not accurately represent OIF/OEF veterans as a whole. A larger sample, not limited to a specific geographic region would be beneficial for further analysis of post-combat employment. Additional study is also required regarding depression among combat veterans, including how factors such as social support and professional mental health help are associated with employment outcomes.

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