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Research Brief

Psychiatric Status and Work Performance of Veterans of Operations Enduring Freedom and Iraqi Freedom

Publication: *Psychiatric Services* (2011); 62(1), 39–46.

Keywords: Mental health, Operations Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), veterans, work functioning, work impairment

Research Highlights:

- Mental health and readjustment issues contribute to work impairment among OEF/OIF veterans, 20 percent or more of whom have returned from service with psychiatric symptoms. This study is the first to examine the relationship between psychiatric status and work impairment among OEF/OIF veterans enrolled in VA healthcare
- Major depressive disorder, post-traumatic stress disorder (PTSD), generalized anxiety disorder or panic disorder, and alcohol dependence/illicit drug use were all significantly related to productivity loss. Veterans with poorer mental health also showed job performance deficits in mental-interpersonal areas, time management, and physical demands.
- Work-focused interventions should be tailored to specific functions as well as health concerns. For example, programs based on the needs of employees diagnosed with depression could differ from those created for employees with PTSD. Much of the current vocational effort has been focused on helping individuals with severe mental illness and those without a job history enter the labor market. Newly integrated care models need to be developed to address the specific functional difficulties of employed recent veterans before their work problems lead to impaired job performance, job loss or disability.

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Abstract:

“Objective: This cross-sectional study investigated the relationship between psychiatric diagnosis and impaired work functioning among American service members returning from Operation Iraqi Freedom—Operation Enduring Freedom (OEF-OIF). Methods: Participants were 797 OEF-OIF veterans, of whom 473 were employed. They were referred for further psychiatric assessment by primary care providers at six Veterans Affairs medical centers and underwent a behavioral health interview that assessed psychiatric and health status and work impairment as measured by the Work Limitations Questionnaire (WLQ). The four WLQ subscales (mental-interpersonal demands, time management, output, and physical demands) and an aggregated measure of productivity loss were considered in the analysis. Associations between patient characteristics, psychiatric status, and work impairments were investigated with regression models. Results: Major depressive disorder, posttraumatic stress disorder, and generalized anxiety or panic disorder were significantly associated with impairments in mental-interpersonal demands, time management, and output. Alcohol dependence and illicit drug use were associated with impairments in output and physical demands. On average these productivity losses were four times those found in a previous study of nonveteran employees with no psychiatric disorders. Conclusions: Veterans’ ability to maintain gainful employment is a major component of successful reintegration into civilian life, and psychiatric disorders have a negative impact on work performance. This study demonstrated that multiple dimensions of job performance are impaired by psychiatric illness among OEF-OIF veterans. Delivery of empirically supported interventions to treat psychiatric disorders and development of care models that focus on work-specific interventions are needed to help veterans return to civilian life”

Implications

For Practice

Mental health services are a high priority for the Veterans Administration, which is now focused on integrating behavioral health services into primary care so OEF/OIF veterans face fewer obstacles in obtaining and sustaining psychiatric care. This integration creates an environment that is excellent for clinical intervention; even if high quality medical care were available to all, evidence from mental health, disability and rehabilitation, and occupational medicine fields indicates that employment problems will persist. The VA provides clinical practice guidelines concerning the treatment of many mental health disorders, including depression and PTSD, online at www.healthquality.va.gov. Clinicians and healthcare administrators should implement these interventions to improve veterans' work functioning and reduce the impact of psychiatric disorders on daily life. However, in addition to assessing mental and physical health issues, a next step would be to assess functional status and develop treatment strategies to improve the work functioning of employed OEF/OIF veterans.

For Policy

Currently, the VA provides comprehensive healthcare for veterans for five years after discharge from the military. Healthcare services continue to be expanded to meet the needs of OEF/OIF veterans, including the introduction of special programs such as those for veterans with both physical and psychological trauma from service. Policy makers should create policies integrating veterans' health programs with systematic assessment functioning and develop treatment geared to addressing impaired job performance. Veterans' work performance scores in this study showed performance deficits in multiple areas, including mental-interpersonal demands, physical demands, time management, and work output. Policies targeting the creation and maintenance of workplace supports for veterans would be a significant step forward for veterans with mental health diagnoses. There should also be a focus on educational initiatives addressing barriers to effective work functioning and providing interventions targeted to specific problem areas and job demands.

For Future Research

Because of the large, geographically diverse sample used in this study, the findings concerning psychiatric status and work performance are generalizable to OEF/OIF veterans in both urban and rural areas, but they do not speak to the untold number of veterans who are not assessed because of system, patient, and physician barriers. The impact of psychiatric illness on productivity may also have been underestimated because work absences, a significant contributor to work loss, were not included as a measure of lost productivity. It is time to ask what research would look like if we focused on whether workers with depression and other psychiatric conditions participate fully in the labor market and function effectively on the job. Recent research suggests that workers with depression benefit from coordination of medical care with workplace support services and provision of vocational interventions. Researchers should further examine these interventions and the impact of integrating a team of primary care professionals with occupational health professionals, employee assistance program counselors and others to assist workers with chronic mental health problems.

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