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### Research Brief: "Mental Health Diagnosis and Occupational Functioning in National Guard/Reserve Veterans Returning from Iraq"

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# Mental Health Diagnosis and Occupational Functioning in National Guard/Reserve Veterans Returning from Iraq

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**KEYWORDS:** Alcohol abuse or dependence, combat deployment, comorbidity, depression, employment, mental health, National Guard, occupational functioning, post-traumatic stress disorder (PTSD), work role functioning

### RESEARCH HIGHLIGHTS:

- Military service members returning from Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) are at an increased risk for mental health problems including depression and PTSD, and the risk seems to be greater among National Guard and Reserve veterans.
- In a sample of recently returned National Guard & Reserve service members, researchers found that those with mental health diagnoses were just as likely as those without a diagnosis to be employed or enrolled in school.
- Mental health diagnoses were, however, associated with reduced school and/or work role functioning initially, and with deteriorating functioning over time. Comorbidity (the presence of more than one diagnosis) was not found to be related to occupational functioning.

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### ABSTRACT:

“Occupational functioning represents both an important outcome for military servicemembers returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom and a predictor for long-term mental health functioning. We investigated the role of mental health diagnoses, determined by structured clinical interviews, on occupational functioning in a group of 262 National Guard/Reserve servicemembers within 1 year of returning from a 16-month OIF combat deployment. We assessed occupational functioning at the time of diagnostic interviews and 1 year later. We hypothesized that servicemembers with diagnoses of posttraumatic stress disorder (PTSD), depression, and/or alcohol abuse or dependence would exhibit lower rates of employment at both time points and lower rates of reported work and/or school role functioning. Servicemembers with a diagnosis of PTSD (5%, n=13), subthreshold PTSD (6% n=15), a major depressive disorder (11%, n=29), or alcohol abuse (11%, n=28) did not differ on employment status from servicemembers without a diagnosis at either time point. However, those with a diagnosis of PTSD, depression, and/or alcohol abuse or dependence reported lower levels of work role functioning. In addition, servicemembers with a diagnosis of PTSD reported greater rates of deterioration in work role functioning over time.”

## Implications

### FOR PRACTICE

The findings of this study suggest that there is a need for intervention programs to prepare National Guard and Reserve members for occupational and student roles, and link them to support personnel after they return from wartime deployments. Intervention and support programs may be targeted specifically at individuals who are screening positive for mental health problems such as PTSD or depression. These programs should not focus solely on obtaining work, but also on succeeding and performing well in work and school settings. The finding that PTSD symptoms predict deteriorating job performance suggests that adjunctive occupational intervention programs that are incorporated into other treatments for PTSD may be particularly important. Because combat deployments can often disrupt civilian jobs and schooling, it is unsurprising that researchers found lessened work/school role functioning post-combat deployment, specifically for veterans with mental health diagnoses. To address these issues, National Guard and Reserve units would benefit from the implementation of strong pre-to post-deployment programs that support families and employers, discuss expectations and readiness, and provide resources when needed. Incorporating evaluations of occupational status and functioning into post-deployment assessment batteries may also be helpful in a Guard or Reserve setting. It may be also be important to extend mental health evaluations beyond the current standards of six months to a year in military populations.

### FOR POLICY

In general, these findings suggest a need to explore policies that can facilitate the development and deployment of occupational interventions within military populations, especially National Guard and Reserve groups. In addition to helping veterans secure employment or schooling, employment programs and services provided by the VA or other organizations may need to provide support to veterans who are already employed so that they can function successfully in their work or school roles. Obtaining employment or schooling post-combat deployment should be viewed as one of the first steps in a successful transition, rather than the end product. One potential venue for promoting programs to help with veteran occupational and academic functioning lies in academia. Policy makers may wish to work with college and university administrators to continue to develop and fund on-campus programs to teach veterans about methods of coping with academic stress and the resources available for veterans with mental and physical health challenges. Similarly, policies creating incentives for private employers to provide programs and resources for veteran employees, including mentorship and stress management initiatives, would be greatly beneficial. Finally, because research suggests National Guard or Reserve members are at greater risk for developing mental health problems, policy makers should continue to work with VA administrators to consistently evaluate and improve access to mental health care for this population.

### FOR FUTURE RESEARCH

The sample of this study was comprised of National Guard/Reserve OIF veterans from a single brigade in a single state. As a result, the data is not generalizable to all veterans. Future studies should widen the sampling frame and increase the number of women veterans, veterans wounded in combat and active component soldiers who have recently left the military in the study sample. Similarly, the present study relied on relatively short, self-report measures of occupational role functioning. Study designs that utilize more detailed assessments of occupational functioning from multiple sources, including structured interviews, extended self-report batteries and data collection from occupational records or employers, can enhance our understanding of the barriers and challenges to occupational functioning faced in this population. Researchers should also investigate the effects of multiple combat deployments on the psychological and occupational functioning of National Guard and Reserve members. Researchers should examine other facilitators and barriers to occupational functioning as well, including past work and educational history, family and social support and physical functioning. Identification of such risk and protective factors can inform efforts at identifying veterans at risk for occupational problems and the development of intervention programs for occupational functioning. Finally, it will be important to study the effectiveness of any occupational programs and supports that are developed so that veterans may continue to receive the best possible care and support.

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