An Update on Civilian Health and Mental Health Services for Active Duty and Veteran Military Personnel

Presented at the Medical Caucus of the American Public Health Association Annual Conference
11/3/2015 Chicago, IL

Mario Cruz, M.D., Department of Psychiatry
Howard Waitzkin, M.D./Ph.D., Department of Sociology and
Robert Wood Johnson Center for Health Policy
University of New Mexico

Bryant Shuey, B.A., Medical Student, University of New Mexico School of Medicine

macruz@salud.unm.edu
Presenter Disclosures

Mario Cruz, M.D.

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”
LEARNING OBJECTIVES

• Describe the characteristics of active duty GIs and veterans who seek civilian health and mental health services;

• Explore the relationships between their selected characteristics;

• Analyze the rationale for civilian services as an alternative to military services for active duty GIs.
THE PROBLEM

• Significant health and mental health problems of GIs:
  • Suicide
  • Alcohol and Substance use disorders
  • Post Traumatic Stress Disorder (PTSD)
  • Depression
  • Traumatic Brain Injury

• Discrimination in service delivery against warriors with “invisible injuries.”

From “Locked Away- Army struggles with wounded soldiers” Dave Philipps, Colorado Springs Gazette, May 21, 2013
CMRN OBJECTIVES

Provide independent medical and/or mental health evaluations and treatment to active duty GIs and veterans.

Activities include:
- Intake assessment
- Counseling by phone or by referral
- Distant evaluations
- Ongoing case coordination and linkage to local health and mental healthcare
METHODS

Exploratory Retrospective Study
Biological Conditions ↔ Psychological Conditions ↔ Conditions of Social Context
Trauma in Military Service
Responsiveness of Military sector services

Mental Health /Substance Use Disorder ↔ Physical Disorder ↔ AWOL

Referral Processes to CMRN ↔ Responsiveness of CMRN

Outcomes
• Descriptive statistics to characterize population

• Bivariate analyses to identify independent variables

• Logistic regression for Complete Case Analyses
DATA COLLECTION

• De-identified intake data collected from CMRN web-based intake assessment record (1/2009-6/2015)

• PRIME-MD

• Post Traumatic Stress Disorder Checklist-Military Version
SAMPLE SIZE

Total Consenting Clients=301
Complete Cases=207
<table>
<thead>
<tr>
<th>Region</th>
<th>N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>121(41.0)</td>
</tr>
<tr>
<td>West</td>
<td>65(22.0)</td>
</tr>
<tr>
<td>Mid-West</td>
<td>35(11.9)</td>
</tr>
<tr>
<td>Southwest</td>
<td>28(9.5)</td>
</tr>
<tr>
<td>East</td>
<td>22(7.5)</td>
</tr>
<tr>
<td>Out of USA</td>
<td>13(4.4)</td>
</tr>
<tr>
<td>Unknown</td>
<td>11(3.7)</td>
</tr>
</tbody>
</table>
DEMOGRAPHIC CHARACTERISTICS
<table>
<thead>
<tr>
<th>Gender</th>
<th>(n(%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>36 (17.2)</td>
</tr>
<tr>
<td>Male</td>
<td>173 (82.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (18-30 yrs)</th>
<th>(n(%))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>156 (75.4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>(n(%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>127 (60.8)</td>
</tr>
<tr>
<td>Non-white</td>
<td>82 (39.2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Military Branch</th>
<th>(n(%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>134 (64.4)</td>
</tr>
<tr>
<td>Marines</td>
<td>26 (12.5)</td>
</tr>
<tr>
<td>Navy</td>
<td>29 (13.9)</td>
</tr>
<tr>
<td>Air Force</td>
<td>16 (7.7)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (1.3)</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>E1</td>
<td>37 (18.1)</td>
</tr>
<tr>
<td>E2-4</td>
<td>111 (54.4)</td>
</tr>
<tr>
<td>E5-7</td>
<td>34 (16.7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HS/GED + Some College</td>
<td>161 (77.8)</td>
</tr>
</tbody>
</table>

<p>| AWOL | 48 (19.3) |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Military Mental Health Problem</td>
<td>49 (21.5)</td>
</tr>
<tr>
<td>Pre-Military Health Problem</td>
<td>51 (24.4)</td>
</tr>
<tr>
<td>Pre-Military Trauma</td>
<td>98 (46.9)</td>
</tr>
<tr>
<td>Military Trauma</td>
<td>153 (73.2)</td>
</tr>
<tr>
<td>Combat related</td>
<td>80 (38.3)</td>
</tr>
<tr>
<td>Non-combat related</td>
<td>89 (42.6)</td>
</tr>
<tr>
<td></td>
<td>n(%)</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Military Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>43 (20.6)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>101 (58.4)</td>
</tr>
<tr>
<td>Both</td>
<td>21 (10.5)</td>
</tr>
<tr>
<td><strong>Civilian Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>36 (17.2)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>35 (16.8)</td>
</tr>
<tr>
<td>Both</td>
<td>10 (4.8)</td>
</tr>
</tbody>
</table>
Important Presentation
Characteristics
<table>
<thead>
<tr>
<th>Diagnosis/Symptom</th>
<th>n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>151(71.9)</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>127(61.1)</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>99(48.3)</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>55(26.3)</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>52(25.0)</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>44(21.0)</td>
</tr>
</tbody>
</table>
Quantitative Findings
TRAUMA

• Post Traumatic Stress Disorder
  • AWOL
    (OR=2.6, 95% CI 1.06 6.23, p=.04)

• Noncombat trauma
  (OR=3.1, 95% 1.6 6.1, p=.00)

• Combat Trauma
  (OR=5.4, 95% CI 2.6 11.2, p=.00)
TRAUMA

• Noncombat Trauma
  • Race (Latino and Asian/Native American)
    (OR=1.4, 95% CI 1.0 1.8, p=.04)

• Age
  (OR=1.3, 95% CI 1.1 1.6, p=.00)

• Panic Disorder
  (OR=2.2, 95% CI 1.1 4.3, p=.02)
• Combat Trauma
  • Rank (E2, E3, specialist and PV2) (OR=2.1, 95% CI 1.5 3.1, p=.00)

• Military Health Problems (OR=3.1, 95% CI 1.5 6.6, p=.00)

• Military Mental Health Problems (OR=5.4, 95% CI 1.6 18.3, p=.01)

• PTSD (OR=3.4, 95% CI 1.7 7.0, p=.00)
GENERALIZED ANXIETY DISORDER

- College degree or more
  (OR=1.7, 95% CI 1.1 2.5, p=.02)

- Lack of Health Insurance
  (OR=.27, 95% CI .13 .56, p=.04)

- Pre-military Health Problem
  (OR=2.3, 95% CI 1.0 5.0, p=.00)
PANIC DISORDER

• Combat Trauma
  (OR=2.1, 95% CI 1.1 4.0, p=.02)
SUICIDAL IDEATION

• 22 years of age or younger
  (OR=0.4, 95% CI 0.2 0.8, p=0.01)

• Panic Disorder
  (OR=2.6, 95% CI 1.3 5.2, p=0.01)

• Generalized Anxiety Disorder
  (OR=4.9, 95% CI 2.2 10.8, p=0.00)
AWOL

• Younger Age
  (OR=0.6, 95% CI 0.5–0.9, p=0.00)

• Army
  (OR=2.7, 95% CI 1.1–6.2, p=0.02)

• Post Traumatic Stress Disorder
  (OR=3.9, 95% CI 1.6–9.3, p=0.00)
CONCLUSIONS

• Mood, Anxiety, and Trauma based disorders are prevalent.
• Trauma linked to demographic and diagnostic characteristics.
• Suicidal ideation linked to youthfulness, Army, and anxiety disorders.
• AWOL status linked to PTSD, youthfulness, and the Army.
CONCLUSIONS (cont’d)

• Civilian services are needed for logistical, psychological, and/or institutional barriers to seeking health and mental health services
LIMITATIONS

• Pattern of missing data in both dependent and independent variables
• Lack of TBI measure
• Did not capture # of deployments
• Did not capture multigenerational warrior information
• Self-report data
These Warriors are truly suffering and in need of care.
Acknowledgments
(apologies to anyone unintentionally left out)

Coordinator of mental health component
Marylou Noble, Portland, OR

Project coordinators
Darrin Kowitz, Tajikistan
Joseph García, Albuquerque, NM
Razel Remen, Albuquerque, NM
Jeff Englehart, Taos, NM
Laura Muncy, Copperas Cove, TX

Intake specialists
Emily Berthold, Albuquerque, NM
Dorah Shuey, Santa Cruz, CA
Albert Randall, Los Angeles, CA
Jack Zepeda, Albuquerque, NM
Anne Cowan, Manhattan, KS
John Reisdorf, Arcata, CA
Bryant Shuey, Albuquerque, NM

Therapists
Deborah Duckworth, Chatham, NY
Marty Schoen, Minneapolis, MN
Mario Cruz, Albuquerque, NM
Sara Mcgee, Albuquerque, NM
Amileah Davis, Las Cruces, NM
Hans Buwalda, Chicago, IL
Elizabeth Stinson, Portland, OR
Leah Arndt, Milwaukee, WI
Harlan Johnson, Rockford, IL
Ginny Hughes, Washington, DC
Robert Schwab, New York, NY
Kami Hines, Rockford, IL
Nicole Baltrushes, Santa Rosa, CA

Information Technology Specialist
Geoff Petrie, Albuquerque, NM

Advisers in psychiatry
Mario Cruz, Albuquerque, NM
Joel Yager, Denver, CO
Harvey Dondershine, Palo Alto, CA
Judith Broder, Los Angeles, CA

Advisers in law
Ron Morgan, Albuquerque, NM
Kathy Gilberd, San Diego, CA
Jane Kaplan, Oakland, CA
Military Law Task Force, San Jose, CA
Jim Cain, Loves Park, IL

GI Rights HOTLINE
25 peace and faith-based organizations

Financial support
RESIST
Faculty senate, University of New Mexico
Robert Wood Johnson Foundation Center for Health Policy, University of New Mexico
Dr. Howard Waitzkin’s part-time medical practice
Many people making small contributions
Allende Program in Social Medicine (fiscal intermediary)

macruz@salud.unm.edu
Additional Information

Complementary presentation for APHA Peace Caucus, November 3, 2015 (emphasizing different aspects of the project)