

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

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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



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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

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

Referral Regions

Region	N(%)
South	121(41.0)
West	65(22.0)
Mid-West	35(11.9)
Southwest	28(9.5)
East	22(7.5)
Out of USA	13(4.4)
Unknown	11(3.7)

DEMOGRAPHIC CHARACTERISTICS

Gender	<i>n</i>(%)
Female	36 (17.2)
Male	173 (82.8)
Age (18-30 yrs)	156 (75.4)
Race	
White	127 (60.8)
Non-white	82 (39.2)
Military Branch	
Army	134 (64.4)
Marines	26 (12.5)
Navy	29 (13.9)
Air Force	16 (7.7)
Other	2 (1.3)

	<i>n</i> (%)
Rank	
E1	37 (18.1)
E2-4	111 (54.4)
E5-7	34 (16.7)
Education	
HS/GED + Some College	161 (77.8)
AWOL	48 (19.3)

	<i>n</i> (%)
Pre-Military Mental Health Problem	49 (21.5)
Pre-Military Health Problem	51 (24.4)
Pre-Military Trauma	98 (46.9)
Military Trauma	153 (73.2)
Combat related	80 (38.3)
Non-combat related	89 (42.6)

	<i>n</i> (%)
Military Treatment	145 (69.4)
Medical	43 (20.6)
Mental Health	101 (58.4)
Both	21 (10.5)
 Civilian Treatment	 74 (35.4)
Medical	36 (17.2)
Mental Health	35 (16.8)
Both	10 (4.8)

Important Presentation Characteristics

DIAGNOSES/SYMPTOM

n(%)

Major Depressive Disorder	151(71.9)
Post Traumatic Stress Disorder	127(61.1)
Suicidal Ideation	99(48.3)
Alcohol Abuse	55(26.3)
Panic Disorder	52(25.0)
Generalized Anxiety Disorder	44(21.0)

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)

TRAUMA (cont'd)

- **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=.4, 95% CI .2 .8, $p=.01$)

- **Panic Disorder**

(OR=2.6, 95% CI 1.3 5.2, $p=.01$)

- **Generalized Anxiety Disorder**

(OR=4.9, 95% CI 2.2 10.8, $p=.00$)

AWOL

- **Younger Age**

(OR=.6, 95% CI .5 .9, p=.00)

- **Army**

(OR=2.7, 95% CI 1.1 6.2, p=.02)

- **Post Traumatic Stress Disorder**

(OR=3.9, 95% CI 1.6 9.3, p=.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



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**These Warriors are truly
suffering and in need of care.**

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GI Rights HOTLINE

25 peace and faith-based organizations

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Additional Information

Complementary presentation for APHA
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(emphasizing different aspects of the project)