

Mental Health Treatment Experiences of U.S. Service Members Previously Deployed to Iraq and Afghanistan

Eunice C. Wong, Ph.D.
Terry L. Schell, Ph.D.
Lisa H. Jaycox, Ph.D.
Grant N. Marshall, Ph.D.
Terri Tanielian, M.A.
Jeremy N. V. Miles, Ph.D.

Objective: This study examined the mental health treatment experiences of active-duty U.S. service members who received treatment from primary care or specialty mental health providers. **Methods:** A national sample of active-duty service members (N=1,659) was surveyed about mental health treatment experiences. **Results:** About 17% of respondents reported receipt of mental health care in the prior 12 months. Three times as many service members had seen a specialty mental health provider (14%) as had seen a primary care provider (5%). Of those who had seen a specialty provider, 79% thought treatment helped “a lot or some” and none stated that treatment was “not at all” helpful. Of those who had seen a primary care provider, only 51% thought treatment had helped a lot or some and 15% viewed treatment as not helping at all. **Conclusions:** Patterns of utilization and perceptions of treatment should be considered when addressing the unmet mental health needs of

service members. (*Psychiatric Services* 64:277–279, 2013; doi: 10.1176/appi.ps.201200240)

As many as one in five U.S. service members experience postdeployment posttraumatic stress disorder or depression (1). More than half of service members with documented mental health problems forego needed treatment (2). Concerns about the high rates of unmet mental health needs have ignited a range of new programs and policies to improve access to and use of mental health care among service members (3,4).

Expansion of mental health care within primary care settings is seen as a promising approach to reaching service members who might not seek services from specialty care providers (4,5). High levels of stigmatizing attitudes toward mental illness and mental health treatment have been reported by service members (2), which may drive many to obtain treatment from primary care providers because of reluctance to utilize specialty mental health services (5–7). As initiatives to improve access to and use of mental health care are implemented (3,8), a better understanding of the treatment experiences of service members is critical to inform ongoing and future efforts. Little research attention has focused on whether service members are more likely to obtain mental

health care in primary care rather than specialty mental health settings or on their treatment experiences across these two settings.

The purpose of this study was to survey a national sample of active-duty U.S. service members in order to examine mental health treatment utilization across primary care and specialty mental health providers, assess associated levels of treatment intensity, and compare the perceived helpfulness of mental health treatment from primary care providers and specialty mental health providers.

Methods

Eligible participants were individuals previously deployed to Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) who were reachable at a U.S. “landline” phone and resided within one of 24 U.S. geographic areas with the largest number of deployed personnel. Using random-digit dialing, we called households in those areas between August 2007 and February 2008. Additional methodological details have been published elsewhere (9).

The sample for this study was restricted to active-duty service members (N=1,659). Characteristics of the previously deployed population were derived from reports from the Contingency Tracking System Deployment File from the Defense Manpower Data Center. Unlike many

Dr. Wong, Dr. Schell, Dr. Marshall, and Dr. Miles are affiliated with RAND Corporation, 1776 Main St., P.O. Box 2138, Santa Monica, CA 90407-2138 (e-mail: ewong@rand.org). Dr. Jaycox and Ms. Tanielian are with RAND Corporation, Arlington, Virginia.

prior military studies, this study sampled across a broad representation of occupational specialties and deployment characteristics (for example, multiple deployments, time since last deployment, and length of last deployment). Analyses were conducted by using sample weights to match all military personnel previously deployed to OEF/OIF from 2001 to 2007, which resulted in a sample that was representative on the following dimensions: service branch, 42% Army, 23% Navy, 20% Air Force, and 15% Marines; less than 30 years old, 51%; male, 95%; race-ethnicity, 71% white, 18% black, and 9% Hispanic; married, 81%; and enlisted, 84%. RAND Institutional Review Board approval and informed consent were obtained; respondents were informed that this study was being conducted independently from the military and that their survey responses were confidential.

To assess mental health treatment utilization, respondents were asked, "In the past 12 months have you visited any professional like a doctor, psychologist, or a counselor to get help with issues related to stress, emotional, alcohol, drug, or family problems?" Respondents were then asked who they visited for help with these problems: "a regular medical doctor or primary care physician," "a mental health specialist like a psychiatrist, psychologist, or counselor," or "other" provider. For each provider seen, respondents were asked about the

number of visits in the past 12 months, average length of visits, and whether the provider helped a lot or some, a little, or not at all.

Results

Approximately 17% (N=276) of respondents reported obtaining mental health care in the prior 12 months. As shown in Table 1, about three times as many respondents had sought help from a specialty mental health provider (N=248, 14% weighted) as from a primary care provider (N=79, 5%) ($p<.001$). Moreover, the intensity of mental health treatment was significantly greater when care was delivered by a specialty provider rather than a primary care provider. On average, respondents who saw specialty mental health providers had 10.3 visits in the past year, averaging 47.6 minutes each. In comparison, respondents who had seen a primary care provider reported an average of 5.3 visits, averaging 38.5 minutes each (difference in visits, $p<.001$; difference in session length, $p<.001$).

Specialty mental health providers were rated as significantly more helpful than primary care providers. Of the respondents who had visited specialty mental health providers, 79% reported that treatment helped a lot or some, and no one reported that the treatment had not been at all helpful. In contrast, only 51% of those who had seen primary care providers thought that the treatment had helped a lot or

some, and 15% reported that the treatment had not helped at all.

Discussion and conclusions

Contrary to current perceptions (6,10), previously deployed active-duty personnel were much more likely to visit specialty mental health providers than primary care providers. Similar results have been found among Canadian military personnel (11). Our study also indicated that treatment with specialty mental health providers involved more numerous and longer visits than treatment with primary care providers, possibly reflecting the greater availability of certain interventions in specialty mental health settings (for example, psychotherapy) (12). Service members also reported more positive experiences with specialty mental health providers. Every respondent who had seen a specialty provider thought that the treatment had helped to some degree. In contrast, 15% of respondents who had visited primary care providers thought that the treatment had not helped at all.

These findings raise questions about what factors contribute to respondents' treatment utilization patterns and experiences. One possibility is that service members may prefer the types of interventions that are more widely available from specialty mental health providers (psychotherapy) than from primary care providers (medication). Among service members, one of the most highly endorsed barriers to seeking mental health treatment is concerns about the side effects of medications is one of the most highly endorsed barriers to seeking mental health treatment (9). In this study, 21% (N=31) of the respondents who had been prescribed psychotropic medications felt that medication did not help at all, though they varied by whether they had seen a primary care provider, specialty mental health provider, or other type of provider (data not shown). Among the general U.S. population, psychotherapy is overwhelmingly preferred over medications, and specialty mental providers are perceived as more helpful than general medical providers (12,13). Thus the treatment attitudes and experiences of service members may

Table 1

Treatment use, intensity, and perceived helpfulness among active-duty service members who received mental health care, by provider type

Variable	Primary care or general medical provider			Specialty mental health provider		
	N	%	95% CI	N	%	95% CI
Used services in the past 12 months ^a	79	4.9	3.6–6.2	248	14.2	12.1–16.3
N of visits (M±SE)	5.3±.9		3.6–7.0	10.3±1.0		8.3–12.3
Length of visit (M±SE minutes)	38.5±2.5		33.5–43.4	47.6±1.2		45.2–50.1
The provider helped me						
A lot or some	36	51.4	37.2–65.6	158	79.0	71.8–86.2
A little	23	33.7	20.0–47.4	43	21.0	13.8–28.2
Not at all	14	15.0	6.2–23.8	0	—	na

^a For issues related to stress, emotional, alcohol, drug, or family problems

be more similar to those of the civilian population than expected.

Findings may also reflect aspects of the system of care during the time of the study. For example, postdeployment mental health screening programs may have contributed to specialty mental health referrals (3). Further, efforts were being launched during the study period to enhance access to primary care–based mental health treatment in the military health system (3,14), but these were not yet fully implemented.

It is important to recognize the limitations of this study. Data were collected only from individuals with a land-based telephone who lived in 24 U.S. geographic areas. In addition, respondents' perceptions of the helpfulness of treatments may not reflect actual quality of services or treatment outcomes. Strengths of this study include its broad representation across service branches, occupational specialties, and deployment characteristics and the fact that it was conducted confidentially and independently from the military.

This study highlights the importance of assessing service members' treatment experiences across various provider types, interventions, and settings. Further examination is needed of service members' preferences for and responsiveness to diverse approaches to expanding mental health care in primary care settings, which can vary from embedding specialty mental health providers in primary care settings to employing care managers to coordinate treatment between primary care and specialty mental health providers (15). As major policies

are developed to best address the unmet mental health needs of service members, it is critical that the process is guided by data on patterns of treatment utilization and preferences.

Acknowledgments and disclosures

Original data collection was funded by the Iraq Afghanistan Deployment Impact Fund, which was administered by the California Community Foundation. The research was also supported by grant R01MH087657 from the National Institutes of Mental Health and internal funds from the RAND Corporation.

The authors report no competing interests.

References

1. Ramchand R, Schell TL, Karney BR, et al: Disparate prevalence estimates of PTSD among service members who served in Iraq and Afghanistan: possible explanations. *Journal of Traumatic Stress* 23:59–68, 2010
2. Hoge CW, Castro CA, Messer SC, et al: Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine* 351:13–22, 2004
3. Wells TS, Miller SC, Adler AB, et al: Mental health impact of the Iraq and Afghanistan conflicts: a review of US research, service provision, and programmatic responses. *International Review of Psychiatry* 23:144–152, 2011
4. Zeiss AM, Karlin BE: Integrating mental health and primary care services in the Department of Veterans Affairs health care system. *Journal of Clinical Psychology in Medical Settings* 15:73–78, 2008
5. An Achievable Vision: Report of the Department of Defense Task Force on Mental Health. Falls Church, Va, US Department of Defense, Defense Health Board, 2007
6. Kudler H, Straits-Tröster K: Identifying and treating post deployment mental health problems among new combat veterans. *North Carolina Medical Journal* 69:39–42, 2008

7. Seal KH, Maguen S, Cohen B, et al: VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses. *Journal of Traumatic Stress* 23:5–16, 2010
8. *Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014*. HHS pub no (SMA) 11-4629. Rockville, Md, Substance Abuse and Mental Health Services Administration, 2011
9. Schell TL, Marshall GN: *Survey of individuals previously deployed for OEF/OIF; in Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist in Recovery*. Edited by Tanielian T, Jaycox LH. Santa Monica, Calif, RAND Center for Military Health Policy Research, 2008
10. Kuehn BMVA: VA, military seek office-based PTSD care. *JAMA* 299:1885–1886, 2008
11. Fikretoglu D, Elhai JD, Liu A, et al: Predictors of likelihood and intensity of past-year mental health service use in an active Canadian military sample. *Psychiatric Services* 60:358–366, 2009
12. van Schaik DJF, Klijn AFJ, van Hout HPJ, et al: Patients' preferences in the treatment of depressive disorder in primary care. *General Hospital Psychiatry* 26:184–189, 2004
13. Kessler RC, Soukup J, Davis RB, et al: The use of complementary and alternative therapies to treat anxiety and depression in the United States. *American Journal of Psychiatry* 158:289–294, 2001
14. Engel CC, Oxman T, Yamamoto C, et al: RESPECT-Mil: feasibility of a systems-level collaborative care approach to depression and post-traumatic stress disorder in military primary care. *Military Medicine* 173:935–940, 2008
15. Maguen S, Cohen G, Cohen BE, et al: The role of psychologists in the care of Iraq and Afghanistan veterans in primary care settings. *Professional Psychology, Research and Practice* 41:135–142, 2010