

Psychological health following OEF/OIF/OND deployments

Dan Agliata, Ph.D.

Post Deployment Clinic

James A. Haley VA, Tampa



Objectives

- appreciate the pre-, during, & post-deployment stressors that today's service members endure
- Provide overview of PDC hx & services
- share new PDC data on the physical & MH comorbidities among current veterans returning from deployment

Background & Current State of Combat Operations

- Nearly 2 million US military members have deployed since GWOT began in Oct'01
- OEF/OIF have taxed our military's AD, Guard, & Reserve components
- Today's deployments are longer (~6-18mos) & often recurrent (1-4+ tours)
- Modern warfare conditions are increasingly dangerous, austere, unconventional, urban
- SM often return & discharge w/ many known & unknown physical & MH comorbidities
- Most common complaints include pain, PTSD, depression, anxiety, SA/ETOH, sleep problems, TBI

PRE-Deployment Stressors

- Routine daily stressors - relationships, military life/training, school, family, financial, social, health/MH
- Notification of deployment
- Anticipation/anxiety of safety/mission
- Unknown conditions/ruggedness
- Concern for family care/well-being
- Req'd vaccines— typhoid, small pox, anthrax, Hep A/B, tetanus/diphtheria
- Packing/gear
- Months of combat training
- Saying goodbye

IN THEATER Stressors

- Travel to the AOR – long, indirect flights, extended delays @ hubs/gateways
- Conditions – heat, tents/barracks, limited access to technology, dehydration
- Limited resources
- Mission/need overrides job/MOS
- Exposures – sand, noise, JP8/fuels, DU, smoke/burning debris, chemicals, fluids, pollution, lasers, radiation, insects, fumes

IN THEATER Stressors cont..

- **Combat exposure** - small-arms fire, ambush, firefights, sniper fire
- **Blast exposures/falls/blunt injuries** - TBI
- **Exposure to trauma** – death, injury, major injuries, destruction
- **24-hr threat** -attack/mortars/IED/ambush/CBRNE
- **Constant arousal/awareness/hypervigilance**
- **Sleep conditions/deprivation/exhaustion**
- **Psychological impact of killing**

Post Deployment Stressors

- Separation from military (often)
....I'm 22 & everything from here on out in life is downhill.”
- Friends KIA or wounded in action
- Personal injuries/health issues to address
- Re-integration w/ family/parenting – adjusting to new routines & roles, trust/intimacy, communication
- Pressures for time/attention upon return
- Expectation to perform/jump-in at home, school, work before ready
- Delayed onset of post-traumatic stress sx

Common Reactions

- Re-assessment of plans, dreams, career paths, interests, roles
- Desire to go back, unfinished business
- Physical, emotional, behavioral symptoms— insomnia, arousal, emotional numbness, withdrawal, nightmares, anger/irritability, guilt/abandonment, startle/watchfulness, concentration, avoidance, self-care, sense of purpose/fulfillment, ETOH/drug abuse
- Reliance on DoD & VA to assess/treat complex, comorbid physical & MH issues, often complicated by medically unexplained sx & secondary gain

JAHVA Post Deployment Clinic

- PCC for all enrolling OEF/OIF/OND vets
- Initial orientation
 - PCP – physical exam & history
 - SW – benefits, social/family/\$\$/education needs
 - MH –Battlemind, resilience, common rx to trauma, common adjustment issues, MH services/programs
- Female vets → Women's Clinic
- Male vets → stay w/ PDC until all initial needs are met, consults addressed, needs are routine, then → Alpha, Bravo, Charlie...

History of MH services in PDC

	~2008- Jul'09	Jul'09- Mar'10	Mar'10- Jun'10	Jun'10- Feb'11	Feb'11- present
Providers	Wolf & Croswell	Agliata & Steele	Agliata & Takagishi	Agliata & Takagishi	Agliata & Ruiz
FT MH staff	0	1/day	1/day	1/day	2/day
Orientation	Group	Group	Group → 1:1	1:1	1:1
MH evals	PCP	PCP → MH prn	MH	MH	MH
Screening measures	∅	∅	∅	✓	✓
Treatment offered	∅	∅	∅	✓ (Limited)	✓


 Over **1000** new pt evals since Jun'10

PDC Demographics & Military Info

941 newly enrolled OEF/OIF/OND vets (Jul'10-Sep'11)

⦿ Age

M = 32.5yrs

SD = 9.49

⦿ Sex

- Male 87.7%
- Female 12.3%

⦿ Race

- Caucasian 65.0%
- African American 18.1%
- Hispanic 13.8%
- Asian/Islander 2.1%
- Other 0.9%

⦿ Marital Status

- Single 33.8%
- Married/engaged 45.2%
- Divorced/Sep'd 20.7%
- Widowed 0.3%

PDC Demographics & Military Info

⦿ Employment

- Full Time 43.9%
- Part Time 8.0%
- Unemployed/
Not working 45.8%
- Other 2.4%

⦿ Residence

- Alone 21.8%
- w/Spouse/SigOthr Ø kids 25.2%
- w/Spouse/SigOthr + kids 25.4%
- w/ Parents 11.7%
- Other 16.0%

⦿ Mental Health Hx

- Prior to Deployment 16.8%
- Since Deployment 29.1%
- Currently in Tx 12.8%

⦿ Education

M = 13.3yrs

SD=2.0yrs

**44% in school now

PDC Demographics & Military Info

⊙ Service Branch

- Army 56.4%
- Marine Corps 17.9%
- Air Force 14.6%
- Navy 10.3%
- Coast Guard 0.9%

⊙ Rank/Corps

- Enlisted 88.1%
Mode=E-4 22.6%
- Officer 10.2%
Mode=O-5 1.9%
- Warrant Officer 1.5%

⊙ Military Status (most recent)

- Active Duty 68.7%
- Guard/Reserve 31.2%

- Yrs of Service M=10.3yrs SD=8.3yrs
- # of Deployments M=1.9 SD=1.6
- Total # Mos Deployed M=14.7mos SD=8.9mos

PDC Demographics & Military Info



% Exposed to Combat	58.7%
% Exposed to Trauma	59.2%

% Exposed to Blasts	42.5%
% Reporting LOC	8.1%
% w/Positive TBI Screen	11.8%



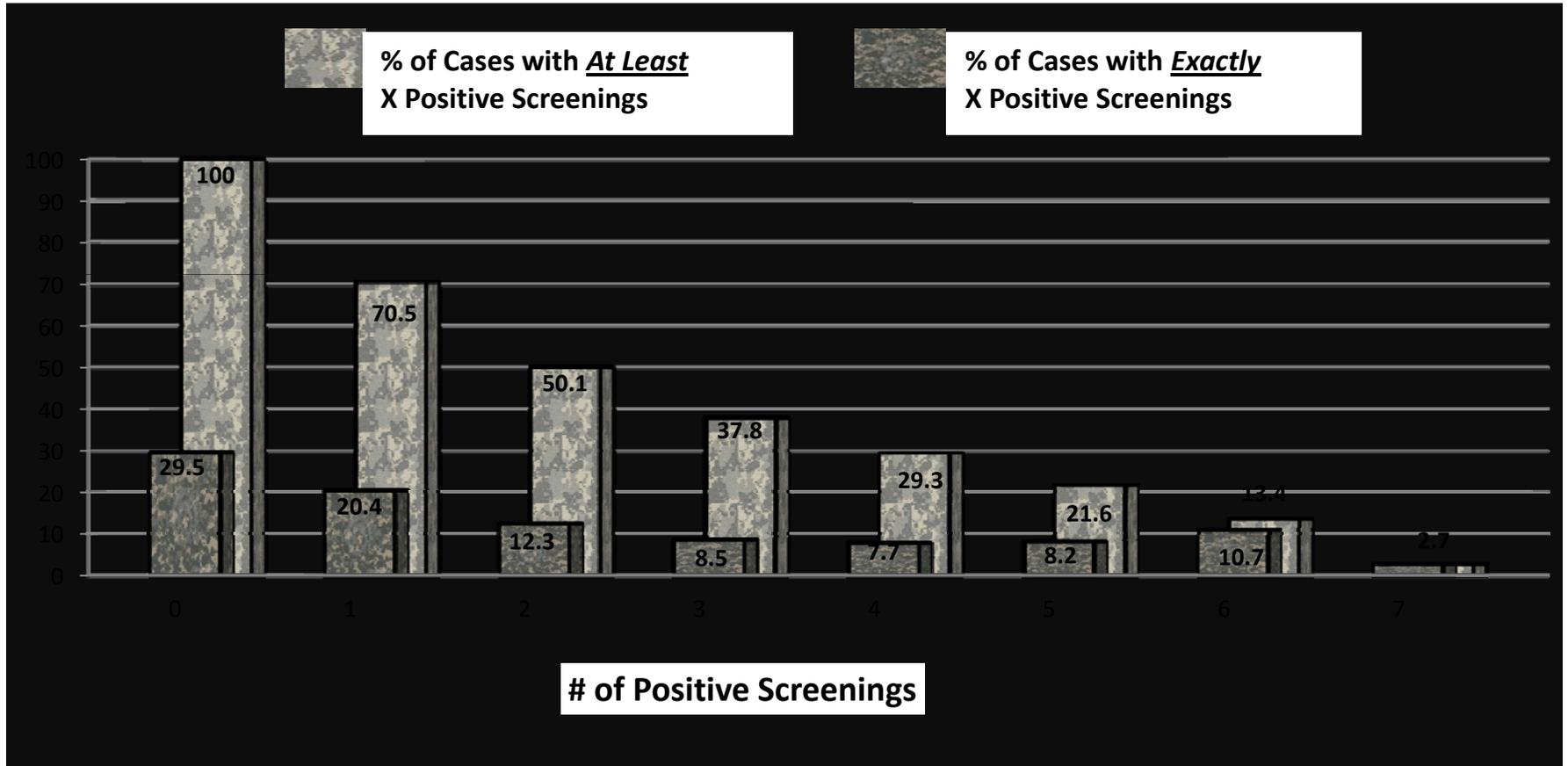
Screening Measures

<i>Measure</i>	<i>Domain</i>	<i>Range</i>	<i>Cutoff</i>	<i>n</i>	<i>M</i>	<i>(SD)</i>	<i>% > cutoff</i>
GAD-7	Anxiety	0-21	≥ 10	803	6.7	6.3	31.3%
PHQ-9	Depression	0-27	≥ 10	803	6.4	5.8	27.6%
PCL	PTSD	17-85	≥ 50	785	34.9	18.2	23.6%
SPQ	Sleep Complaints	0-20	≥ 12	805	9.3	7.1	42.5%
PHQ-15	Health Complaints	0-30	≥ 10	565	7.5	5.6	32.4%
SA-5	Alcohol Subtest only	# Drinks/week	Male ≥ 15	703	8.1	12.6	15.8%
	<i>Composite score = days/wk x drinks/sitting</i>		Female ≥ 8	98	3.7	6.3	13.3%
NRS	Pain Avg in past wk	0-10	≥ 4	878	3.4	2.8	46.8%

↑
"Normal"
PCC sample

- Stringent cutoffs set at >Moderate severity as a conservative estimate of vets w/ clinical need
- PC sample (i.e., pts not selected based on MH need)

Positive Screenings & Comorbidities



e.g., 50.1% screened positive on *at least* 2 measures
21.6% screened positive on *at least* 5 measures



e.g., 12.3% screened positive on *exactly* 2 measures
8.2% screened positive on *exactly* 5 measures

Conclusions

- **Pervasive MH issues** - most often depression, anxiety, PTSD w/ co-occurring pain & physical sx
- **Complex clinical presentation (PMD)** - exacerbated by poor sleep, ETOH abuse, & TBI
- Prevalence of PMD & overlapping symptom clusters supports need for standardized assessment (beyond PDHAs), interdisciplinary tx, & continued MH/PC integration