Mental Disorders Among OEF/OIF Veterans Using VA Health Care: Facts and Figures

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Summary

The mental health of veterans—and particularly veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF)—has been a topic of ongoing concern to Members of Congress and their constituents, as evidenced by hearings and legislation. Knowing the number of veterans affected by various mental disorders and actions the Department of Veterans Affairs (VA) is taking to address mental disorders can help Congress determine where to focus attention and resources.

Using data from the VA, this brief report addresses the number of veterans with (1) depression or bipolar disorder, (2) posttraumatic stress disorder (PTSD), and (3) substance use disorders. For each topic, this report also briefly describes what the VA is doing in terms of screening and treatment.

From FY2002 through FY2012, 1.6 million OEF/OIF veterans (including members of the Reserve and National Guard) left active duty and became eligible for VA health care; by the end of FY2012, 56% of them had enrolled and obtained VA health care. The VA publishes the *cumulative prevalence* of selected mental disorders among OEF/OIF veterans using VA health care, based on information in the VA's electronic health records.

Systematic information regarding veterans who do not use VA health care is not available. Data about OEF/OIF veterans using VA health care should not be extrapolated to the rest of the OEF/OIF veteran population, or to the broader veteran population. Limitations of the VA's data are discussed in **Appendix A**.

Reports that have evaluated VA's efforts and offered recommendations are listed in **Appendix B**.

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Introduction

The mental health of veterans—and particularly veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF)[1]—has been a topic of ongoing concern to Members of Congress and their constituents, as evidenced by hearings[2] and legislation.[3] Knowing the number of veterans affected by various mental disorders and actions the Department of Veterans Affairs (VA) is taking to address mental disorders can help Congress determine where to focus attention and resources.

Using data from the VA, this brief report addresses the number of veterans with (1) depression or bipolar disorder, (2) posttraumatic stress disorder (PTSD), and (3) substance use disorders; **Appendix A** discusses important data limitations. For each topic, this report also briefly describes what the VA is doing in terms of screening and treatment; **Appendix B** lists reports evaluating the VA's efforts.

OEF/OIF Veterans Using VA Health Care

Veterans generally must enroll in the VA health care system to receive medical care; for information about enrollment, health benefits, and cost-sharing, see CRS Report R42747, *Health Care for Veterans: Answers to Frequently Asked Questions*, by Sidath Viranga Panangala and Erin Bagalman. From FY2002 through FY2012, 1.6 million OEF/OIF veterans (including members of the Reserve and National Guard) left active duty and became eligible for VA health care; by the end of FY2012, 56% of them had enrolled and obtained VA health care.[4]

The VA publishes the *cumulative prevalence*[5] of selected mental disorders among OEF/OIF veterans using VA health care, based on information in the VA's electronic health records. Systematic information regarding veterans who do not use VA health care is not available. Data about OEF/OIF veterans using VA health care should not be extrapolated to the rest of the

[1] Operation Enduring Freedom (OEF) began on October 7, 2001; Operation Iraqi Freedom (OIF) began on March 20, 2003 and was redesignated Operation New Dawn on September 1, 2010. These operations are not defined in statute; the dates presented here are commonly accepted. The abbreviation OEF/OIF is used throughout this report to refer to Operation Enduring Freedom and Operation Iraqi Freedom (including Operation New Dawn).

[2] See, for example, U.S. Congress, Senate Committee on Veterans' Affairs, *VA Mental Health Care: Closing the Gaps*, 112th Cong., 1st sess., July 14, 2011; U.S. Congress, Senate Committee on Veterans' Affairs, *VA Mental Health Care: Addressing Wait Times and Access to Care*, 112th Cong., 1st sess., November 30, 2011; U.S. Congress, House Committee on Veterans' Affairs, Subcommittee on Health, *Understanding and Preventing Veteran Suicide*, 112th Cong., 1st sess., December 2, 2011.

[3] A search of the Legislative Information System for legislation introduced during the 112th and 113th Congresses, with Topic = "Mental Health" and Keyword = "veteran" yields more than 50 results.

[4] U.S. Department of Veterans Affairs (VA), Veterans Health Administration (VHA), *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Quarter FY2002 through 4th Quarter FY2012*, January 2013. The VA reports that, during the specified time frame, 1,557,026 OEF/OIF veterans left active duty and became eligible for VA health care; of these, 866,182 (56%) used VA health care.

[5] Prevalence is the proportion of a specified population experiencing a condition within a given timeframe; cumulative prevalence represents the proportion of a population (e.g., OEF/OIF veterans using VA health care services) experiencing a condition *at any point* in an extended time period (e.g., FY2002 – FY2012).

OEF/OIF veteran population, or to the broader veteran population. Limitations of the VA's data are discussed in **Appendix A**.

Depression or Bipolar Disorder

Depression and bipolar disorder are both mood disorders; bipolar disorder includes episodes of both depressed mood (which characterizes depression) and mania (elevated mood or irritability) or hypomania (a milder form of mania).[6]

Prevalence Among OEF/OIF Veterans Using VA Health Care

The VA does not present separate prevalence figures for depression and bipolar disorder, nor does it provide the prevalence of depression and bipolar disorder combined; instead, the VA presents the prevalence of

- *affective psychoses*,[7] a range of diagnoses including major depressive disorder and bipolar disorder, among others (14%); and
- *depressive disorder not elsewhere classified (NEC)*,[8] a diagnosis assigned when a patient reports depressive symptoms that do not meet criteria for other depressive disorders (e.g., major depressive disorder) (22%).

The percentages are presented in **Figure 1** and **Figure 2**.Neither of these categories includes dysthymic disorder (a form of depression), which falls in a category of *neurotic disorders*[9] (a broad category that also includes panic disorder and generalized anxiety disorder, among others).

It is possible that a patient with a diagnosis of one mood disorder reflected in the electronic health record might also have a diagnosis of another mood disorder in the electronic health record; for this reason, the prevalence of affective psychoses (14%) and the prevalence of depressive disorder NEC (22%) should not be summed. These percentages are subject to other important data limitations discussed in **Appendix A**.

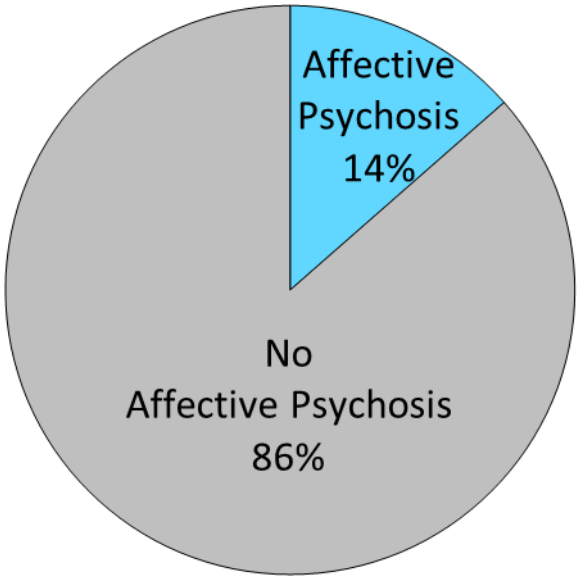
[6] CRS summary of American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (Washington, DC: American Psychiatric Association, 2000), pp. 345-428.

[7] This category is also referred to as episodic mood disorders.

[8] This condition is also referred to as depressive disorder not otherwise specified (NOS).

[9] This category is also referred to as anxiety, dissociative, and somatoform disorders.

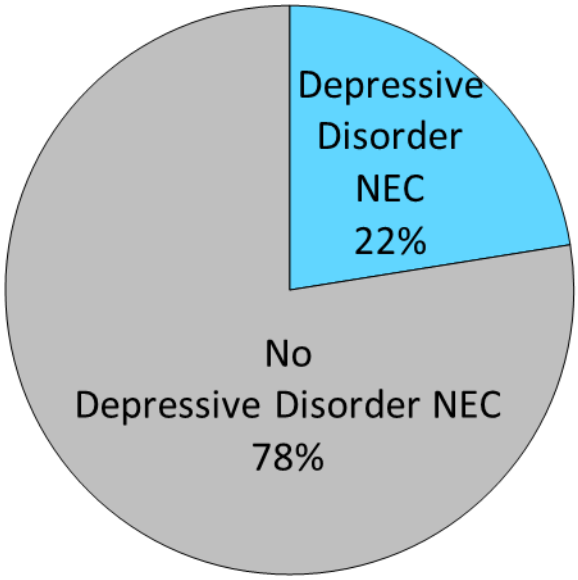
Figure 1. Prevalence of Affective Psychoses Among OEF/OIF Veterans Using VA Health Care, FY2002–FY2012



Source: U.S. Department of Veterans Affairs, *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Quarter FY2002 through 4th Quarter FY2012. January 2013.*

Note: A*ffective psychoses* include a range of diagnoses such as major depressive disorder and bipolar disorder, among others.

Figure 2. Prevalence of Depressive Disorder NEC Among OEF/OIF Veterans Using VA Health Care, FY2002–FY2012



Source: U.S. Department of Veterans Affairs, *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Quarter FY2002 through 4th Quarter FY2012. January 2013.*

Note: D*epressive disorder not elsewhere classified (NEC)* is a diagnosis assigned when depressive symptoms do not meet criteria for other depressive disorders (e.g., major depressive disorder).

Treatment in the VA Health Care System

Department policy requires an annual depression screening for veterans using VA health care.[10] Depression and bipolar disorder may be treated with medication, psychosocial interventions, or both.[11] The VA's suicide prevention efforts, which are relevant to patients with mood disorders (as well as other veterans), are described in CRS Report R42340, *Suicide Prevention Efforts of the Veterans Health Administration*, by Erin Bagalman. All veterans, regardless of enrollment, may use the department's Veterans Crisis Line (1-800-273-8255, option 1), an online chat service (www.VeteransCrisisLine.net/chat), and an online suicide prevention resource center (www.suicideoutreach.org) maintained jointly with the Department of Defense (DOD). Several

[10] For an overview of VA mental health services, see VA, *Mental Health: About VA Mental Health*, October 25, 2012, http://www.mentalhealth.va.gov/VAMentalHealthGroup.asp.

[11] For depression treatment, see VA, *Mental Health: Depression*, updated May 18, 2012, http://www.mentalhealth.va.gov/depression.asp (see the tab labeled "VA Programs & Services"). For Bipolar Disorder treatment, see VA, *Mental Health: Bipolar Disorder*, updated October 11, 2012, http://www.mentalhealth.va.gov/bipolar.asp (see the tab labeled "VA Programs & Services"). For suicide prevention, see VA *Suicide Prevention*, updated January 3, 2013, http://www.mentalhealth.va.gov/suicide_prevention/.

reports that have evaluated the department's mental health programs (including treatment for mood disorders and suicide prevention) and offered recommendations are listed in **Appendix B**.

Posttraumatic Stress Disorder (PTSD)

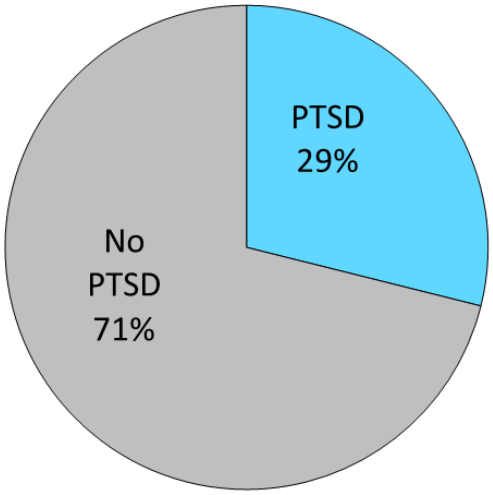
Posttraumatic stress disorder (PTSD)—one of the "signature injuries" of OEF/OIF[12]—is a psychological response to a traumatic event; however, a history of trauma is not enough to establish a diagnosis of PTSD. The diagnosis requires a minimum number of symptoms in each of three categories: reexperiencing (e.g., recurring nightmares about the traumatic event); avoidance (e.g., avoiding conversations about the traumatic event); and arousal (e.g., difficulty sleeping). Symptoms must persist for at least one month and must result in clinically significant distress or impairment in functioning.[13]

Prevalence Among OEF/OIF Veterans Using VA Health Care

As illustrated in **Figure 3**, the VA reports the prevalence of PTSD among OEF/OIF veterans receiving VA health care in FY2002–FY2012 to be 29%. This percentage is subject to important data limitations discussed in **Appendix A**.

Given the attention on PTSD, it is worth noting that prevalence estimates from other sources (generally not limited to users of VA health care) vary widely. A 2010 RAND analysis of 29 relevant studies found prevalence estimates for PTSD ranging from around 1% to 60% among OEF/OIF servicemembers; variation was attributed in part to the use of different samples and different methods of identifying PTSD.[14] A 2012 report by the Institute of Medicine indicates that recent estimates of PTSD prevalence among OEF/OIF servicemembers and veterans range from 13% to 20%.[15]

Figure 3. Prevalence of PTSD Among OEF/OIF Veterans Using VA Health Care, FY2002–FY2012



Source: U.S. Department of Veterans Affairs, *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Quarter FY2002 through 4th Quarter FY2012. January 2013.*

[12] Institute of Medicine (IOM), "Preface," in *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment* (Washington, DC: The National Academies Press, 2012), p. xiii.

[13] CRS summary of American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (Washington, DC: American Psychiatric Association, 2000), pp. 467-468.

[14] Rajeev Ramchand et al., "Disparate Prevalence Estimates of PTSD Among Service Members who Served in Iraq and Afghanistan: Possible Explanations," *Journal of Traumatic Stress*, February 2010.

[15] Institute of Medicine (IOM), "Preface," in *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment* (Washington, DC: The National Academies Press, 2012), p. xiii

Treatment in the VA Health Care System

Department policy requires that veterans new to VA health care receive a PTSD screening, which is repeated every year for the first five years and every five years thereafter, unless there is a clinical need to screen earlier. Department policy also requires that new patients requesting or referred for mental health services receive an initial assessment within 24 hours and a full evaluation within 14 days.[16] Congressional testimony has raised questions about the extent to which these policies are implemented in practice.[17]

PTSD treatment provided by the VA includes both medication and cognitive-behavioral therapy (a category of talk therapy).[18] Every VA Medical Center has specialists in PTSD treatment. Some facilities offer specialized PTSD treatment programs of varying intensity and duration, including (among others) PTSD day hospitals (four to eight hours per day, several days per week); evaluation and brief treatment PTSD units (14-28 days); specialized inpatient PTSD units (28-90 days); and PTSD residential rehabilitation programs (28-90 days living in a supportive environment while receiving treatment). Veterans may also receive PTSD treatment at VA community-based outpatient clinics (CBOCs) or at Vet Centers[19] (which are subject to different policies than VA health care facilities).[20] Several reports that have evaluated the VA's PTSD screening and treatment efforts and offered recommendations are listed in **Appendix B**.

Substance Use Disorders

Substance use disorders include dependence on and abuse of drugs, alcohol, or other substances (e.g., nicotine). A diagnosis of dependence requires at least three symptoms (e.g., tolerance or withdrawal); substance use that does not meet criteria for dependence, but leads to clinically significant distress or impairment, is called abuse.[21] Each diagnosis is specific to the substance, so an individual may have multiple diagnoses of abuse or dependence—one for each substance (e.g., marijuana dependence and cocaine abuse).

Prevalence Among OEF/OIF Veterans Using VA Health Care

Figure 4 and **Figure 5** show the prevalence of drug dependence and abuse (respectively) among OEF/OIF veterans using VA health care during FY2002–FY2012. Alcohol dependence (6%) is more common than either drug dependence (3%) or abuse (5%); the prevalence of alcohol abuse

[16] VA, VHA, *Programs for Veterans with Post-Traumatic Stress Disorder (PTSD)*, VHA Handbook 1160.03, 2010.

[17] U.S. Congress, Senate Committee on Veterans' Affairs, *VA Mental Health Care: Closing the Gaps*, 112th Cong., 1st sess., July 14, 2011.

[18] Jessica Hamblen, *Treatment of PTSD*, Department of Veterans Affairs, National Center for PTSD, 2010.

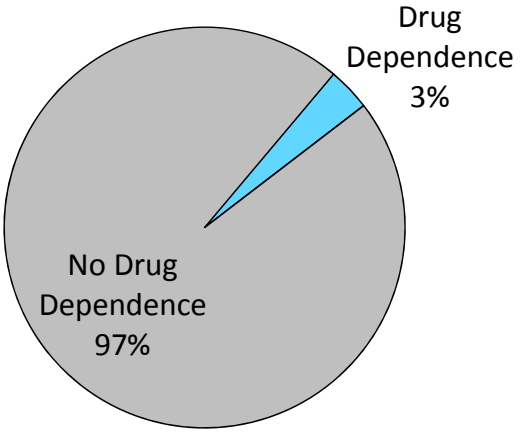
[19] Readjustment Counseling Centers (Vet Centers) provide veterans and their families with services such as screening and counseling for PTSD or substance use disorders, employment/educational counseling, bereavement counseling, military sexual trauma counseling, and marital and family counseling.

[20] VA, National Center for PTSD, *PTSD Treatment Programs in the U.S. Department of Veterans Affairs*, http://www.ptsd.va.gov/public/pages/va-ptsd-treatment-programs.asp.

[21] CRS summary of American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (Washington, DC: American Psychiatric Association, 2000), pp. 191-199.

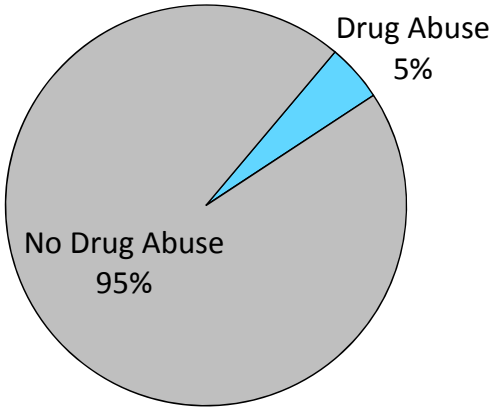
was not provided. These percentages are subject to important data limitations discussed in **Appendix A**.

Figure 4. Prevalence of Drug Dependence Among OEF/OIF Veterans Using VA Health Care, FY2002–FY2012



Source: U.S. Department of Veterans Affairs, *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Quarter FY2002 through 4th Quarter FY2012. January 2013.*

Figure 5. Prevalence of Drug Abuse Among OEF/OIF Veterans Using VA Health Care, FY2002–FY2012



Source: U.S. Department of Veterans Affairs, *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Quarter FY2002 through 4th Quarter FY2012. January 2013.*

Treatment in the VA Health Care System

Given the comparatively low rates of drug abuse and dependence (relative to other disorders presented in this report), VA policy does not require routine drug use screening. Department policy does require an annual alcohol screening, which is waived for veterans who drank no alcohol in the prior year.[22]

The VA offers medication and psychosocial interventions for substance use disorders, as well as acute detoxification care when necessary. Medication may be used to reduce cravings or to substitute for the drug of abuse (e.g., methadone for heroin users). Psychosocial interventions include (among others) brief counseling to enhance motivation to change; intensive outpatient treatment; residential care (i.e., living in a supportive environment while receiving treatment); long-term relapse prevention; and referral to outside programs such as Alcoholics Anonymous.[23]

Several reports that have evaluated the department's alcohol screening and substance use disorder treatment efforts and offered recommendations are listed in **Appendix B**.

[22] Department of Veterans Affairs and Department of Defense, *VA/DOD Clinical Practice Guideline for the Management of Substance Use Disorders*, August 2009.

[23] Department of Veterans Affairs, *Summary of VA Treatment Programs for Substance Use Problems*, May 20, 2010, http://www.mentalhealth.va.gov/res-vatreatmentprograms.asp.

Appendix A. Data Limitations

In order to understand the limitations of the data presented in this report, it is helpful to understand their sources. The VA identifies PTSD and substance use disorders by searching VA administrative data for diagnosis codes associated with specific conditions (e.g., 309.81 for PTSD). These codes are entered into veterans' electronic medical records by clinicians, in the normal course of evaluation and treatment.

The data provided by the VA should be interpreted in light of at least three limitations, each of which is discussed below.

First, some conditions may be overstated, because veterans with diagnosis codes for a condition might not have the condition, as a result of provisional diagnoses or noncurrent diagnoses. A provisional diagnosis code may be entered into a veteran's electronic medical record when further evaluation is required to confirm the diagnosis. A diagnosis may be noncurrent when a veteran who had a condition in the past no longer has it. In either case, the code remains in the veteran's electronic medical record.

Second, some conditions may be understated, because veterans who have a condition might not be diagnosed (and therefore might not have the diagnosis code in their records), if they choose not to disclose their symptoms. Veterans might not want to disclose information that would lead to a diagnosis of mental illness. Veterans have reported not wanting to disclose trauma for fear that that they will not be believed, that others will think less of them, that they will be institutionalized or stigmatized, or that their careers will be jeopardized, among other reasons.[24] Also, veterans using VA health care services may receive additional services outside the VA, without the knowledge of the department.

Third, the numbers provided by the VA should not be extrapolated to all OEF/OIF veterans, or to the broader veteran population, because OEF/OIF veterans using VA health care are not representative of all OEF/OIF veterans or the broader veteran population. Veterans who use VA health care may differ from those who do not, in ways that are not known. Potential differences include (among other characteristics) disability status, employment status, and distance from a VA medical facility.

[24] Matthew D Jeffreys et al., "Trauma Disclosure to Health Care Professionals by Veterans: Clinical Implications," *Military Medicine*, vol. 175, no. 10 (October 2010), pp. 719-724.

Appendix B. Selected Evaluations of VA Services

Table B-1 lists selected reports published since 2008 that evaluate the VA's efforts to address veterans' mental health:

Table B-1. Selected Evaluations of VA Services

Department of Veterans Affairs, Mental Health Services, Suicide Prevention Program, *Suicide Data Report, 2012,* February 1, 2013. (This report is primarily a data report rather than an evaluation, but it includes information that may be used to evaluate the Veterans Crisis Line.)
Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Review of Veterans' Access to Mental Health Care*, Report No. 12-00900-168, April 23, 2012
Institute of Medicine (IOM), *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment* (Washington, DC: The National Academies Press, 2012),
Katherine E. Watkins and Harold Alan Pincus, *Veterans Health Administration Mental Health Program Evaluation: Capstone Report*, Altarum Institute and RAND Health, 2011.
U.S. Government Accountability Office, *VA Mental Health: Number of Veterans Receiving Care, Barriers Faced, and Efforts to Increase Access*, GAO-12-12, October 14, 2011.
Department of Veterans Affairs, Office of Inspector General, *Healthcare Inspection: Post Traumatic Stress Disorder Counseling Services at Vet Centers*, Report No. 10-00628-170, May 17, 2011.
Department of Veterans Affairs, Office of Inspector General, *Combined Assessment Program Summary Report: Re-Evaluation of Suicide Prevention Safety Plan Practices in Veterans Health Administration Facilities*, Report Number 11-01380-128, March 22, 2011.
Department of Veterans Affairs, Office of Inspector General, *Healthcare Inspection: Progress in Implementing the Veterans Health Administration's Uniform Mental Health Services Handbook*, Report No. 08-02917-145, May 4, 2010.
U.S. Government Accountability Office, *VA Faces Challenges in Providing Substance Use Disorder Services and Is Taking Steps to Improve These Services for Veterans*, GAO-10-294R, March 10, 2010.
Department of Veterans Affairs, Office of Inspector General, *Healthcare Inspection: Evaluation of Suicide Prevention Program Implementation in Veterans Health Administration Facilities January–June, 2009*, Report Number 09-00326-223, September 22, 2009.
Department of Veterans Affairs, Office of Inspector General, *Healthcare Inspection: Review of Veterans Health Administration Residential Mental Health Care Facilities*, Report No. 08-00038-152, June 25, 2009.
Blue Ribbon Work Group on Suicide Prevention in the Veteran Population, *Report to James B. Peake, MD, Secretary of Veterans Affairs*, June 30, 2008.

Source: CRS search for evaluations of VA services related to mental health since 2008

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