

The Journey Home: Connecting Soldiers, Families, and Communities

Preliminary Findings from a Michigan State University/Michigan National Guard
Study of Returning Veterans and their Families



**A Presentation for Michigan Family Impact Seminar
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Department of Family & Child Ecology
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Support provided from the Families and Communities Together Coalition at Michigan State University.

Returning Veterans: The Michigan Picture

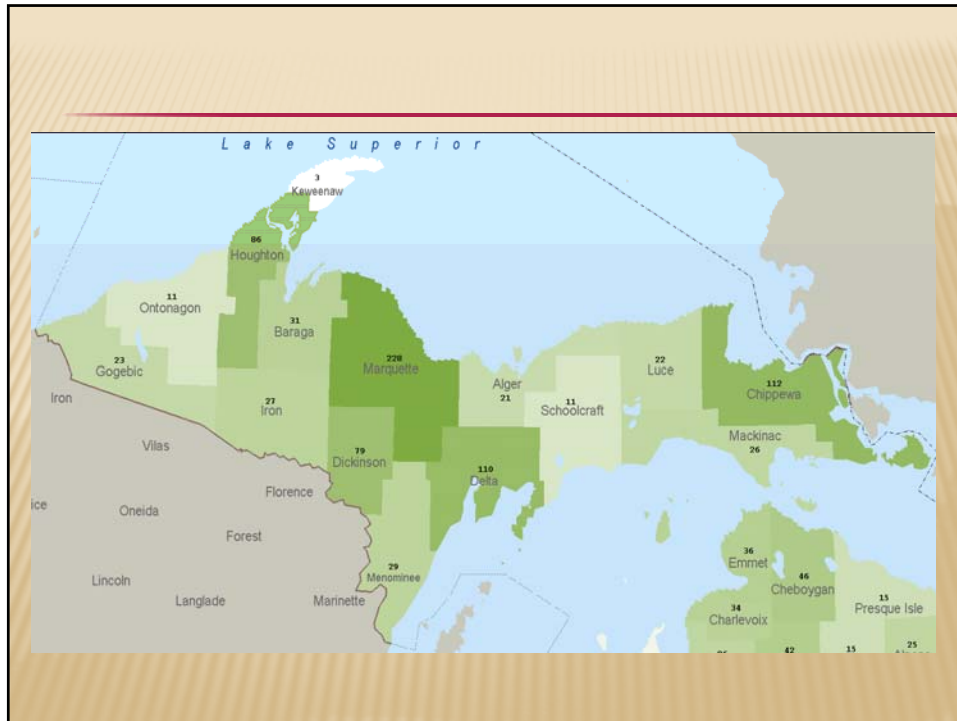


Michigan National Guard and Reserves (NG/R)

- Majority of deployments to Iraq, Afghanistan, and other military destinations are NG/R
- NG/R (US Total)
 - 350,000 members
 - 40-50% of the U.S. forces deployed Iraq/Afghanistan
 - 14% women

Michigan National Guard and Reserves

- Michigan forces = 19,361
- Spouses = 8,908
- Children = 16,020
- Total deployments since 9/11/2001 = 8600
- Currently, 755 Army Guard and 411 Air Guard deployed (numbers continually changing)



Deployment Stress on Family

- Lengthy separation
 - 12-15 months
 - Technology has helped
- Change in roles
- Each family experiences stress differently
- Soldier
 - Combat stress
 - Death or injury to friends in unit
 - Concern about family back home
 - Far away
- Spouse
 - Juggles the roles of two parents
 - Day to day stress of normal family life
 - Worry and anxiety about spouse and his/her safety



Returning Home



- Everyone changes during deployment – soldier, spouse, children
- **Soldier**
 - Rebuild relationships and define identity in family
 - Bond with children
 - Return to employment and civilian life
- **Spouse**
 - Renegotiate a new role
 - Accommodate his/her spouse
- **Children**
 - Develop rapidly during 12-18 months
 - Get to know parent again
 - Adjust to two parent household

Issues for Soldiers



- Life in the civilian world is vastly different
 - 1% of US population are fighting current wars
- Combat trauma can have an effect on physical/mental health
- NG/R scattered across Michigan and separated from fellow soldiers



National Guard Forces are Unique

- Not stationed on military bases and do not have the informal/formal supports of a military installation
- Soldiers return to civilian life and quickly reintegrate into family life and civilian jobs
- Reintegration support comes from local communities unfamiliar with military lifestyle
- Transition in and out of military/civilian lifestyle



Issues for Couples

- New marital expectations
- Negotiating family roles
- New routines
- Shared responsibilities
- Rediscover leisure activities
- Extended family and friends
- Blended/stepfamily adjustment



MSU-NG Collaboration



- Outreach: 2006-present
 - Family Reunion Workshops
 - Marital Enrichment Retreats (Strong Bonds)
 - Clinical services at campus clinic
- Research study: 2007-present
 - Collected data from returning veterans and their spouses/significant others
 - Data collected approximately 45 days after service members returned from deployment

KEY AREAS OF FOCUS

■ MENTAL HEALTH

- ✓ Depression
- ✓ Suicidality
- ✓ Post-Traumatic Stress Disorder (PTSD)
- ✓ Vulnerability to PTSD
- ✓ Mental health and barriers to utilization of services

■ RELATIONSHIPS

- ✓ Marital/relationship distress
- ✓ Parenting Stress



Sample Demographics

- 285 service members and spouses/significant others
- 63% service members
- 35% spouses/sig. others
- 2% dual career military
- 67% Married, 17% single, 6% divorced, 10% other
- Majority 22-50 years (90%)
- 81% have post-high school education of some kind
- 44% Female, 56% Male
- One, sometimes more deployments (12-18 months)
- Children range in age from very young (some born during deployment) to adolescents
- 70% parents
- 22% step-parents
- 12% single parents
- 10% with a special needs child



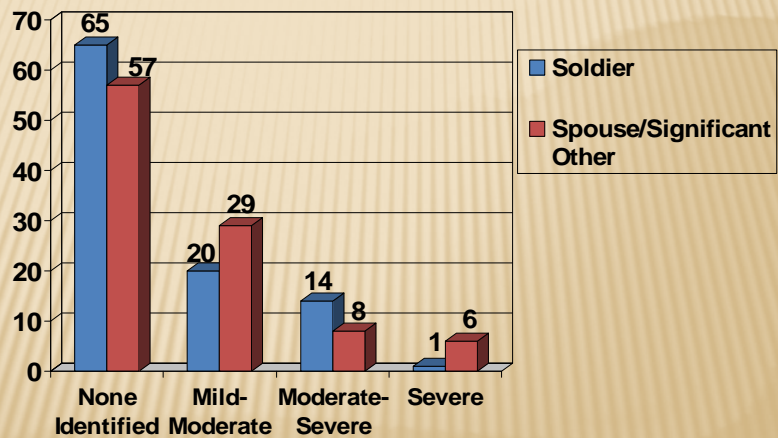
Depression



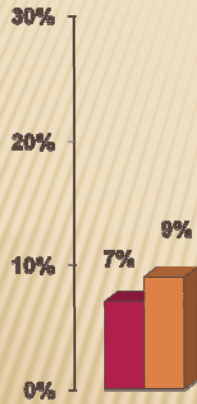
- 15% of service members have moderate to severe depression
- 13% of spouses/significant others have moderate to severe depression

NOTE: Spouses have similar rates of depression to soldiers

Depression (percent)



Suicide Risk (percent)



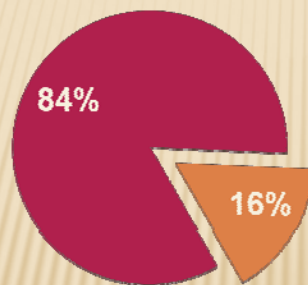
7% of service members

9% of spouses/significant others

NOTE: Spouses have similar rates of suicide risk to that of soldiers

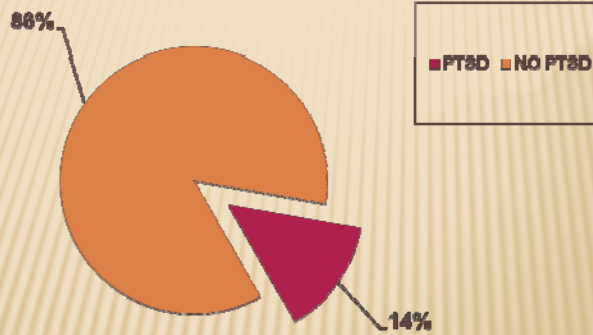


Diagnosable PTSD: Service Members (related to a military event)



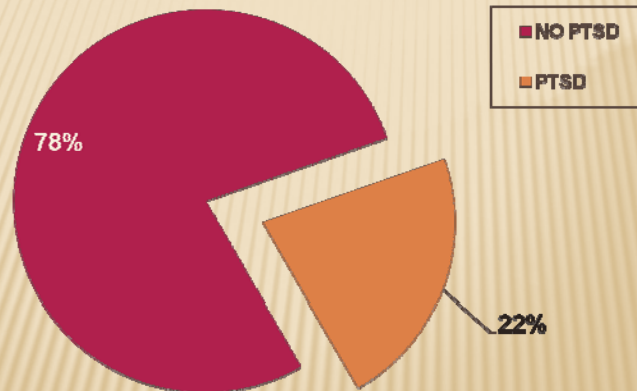
16% soldiers meet criteria for PTSD

Diagnosable PTSD: SOLDIERS (related to non-military event)



14% soldiers meet criteria for PTSD in relation to events outside of the military

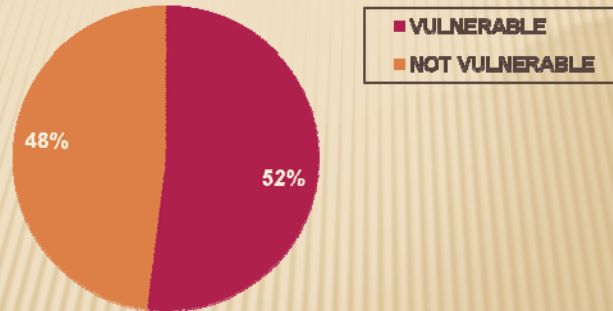
Diagnosable PTSD Spouses/Significant Others (related to non-military event)



22% of spouses/significant others meet criteria for PTSD

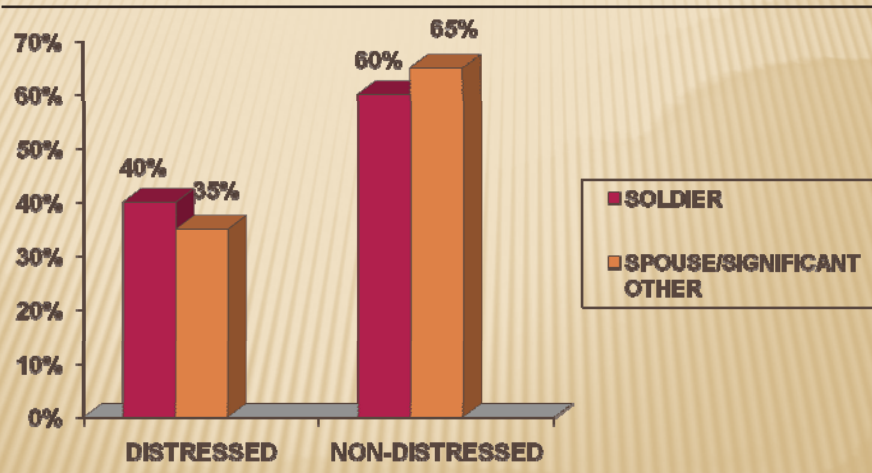
NOTE: There are limited services provides for spouses or couples

Soldier Vulnerability to the Development of PTSD

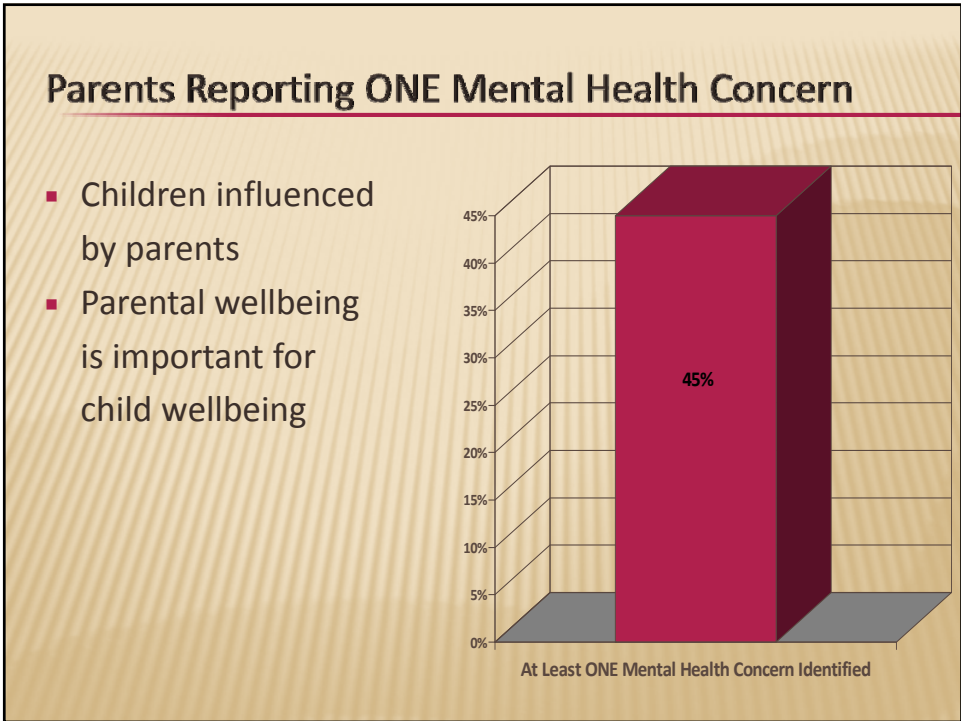
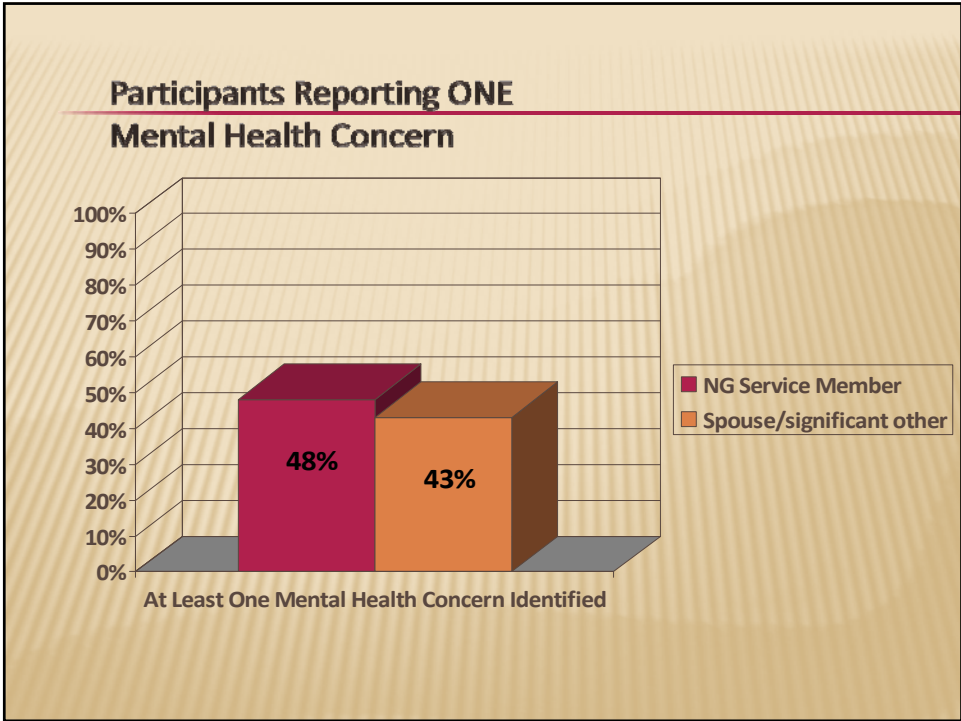


- PTSD has an incubation period
- 52% of soldiers are vulnerable to the development of PTSD

Marital / Relationship Distress



40% of service members, 35% of spouses/significant others report relationship distress

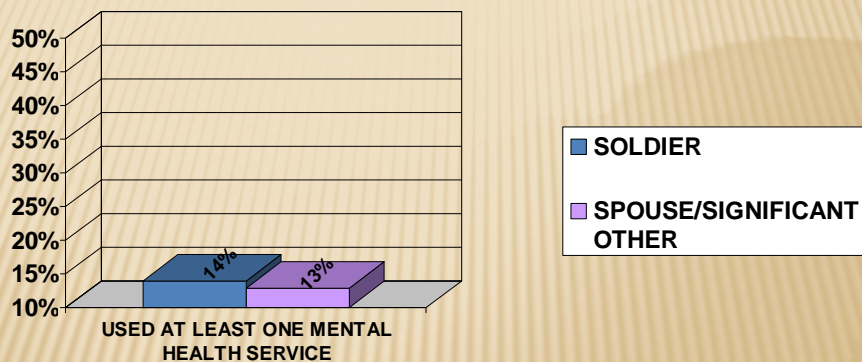


Summary of Utilization of Mental Health Services

Of those who reported at least ONE mental health difficulty:

- Only 14% of soldiers and 13% of spouses/significant others reported using a mental health service of some kind.
- These could have included:
 - Mental Health Professional at military facility;
 - Medical doctor at military facility;
 - Military Chaplain
 - Civilian Mental Health Professional
 - Civilian Medical Doctor
 - Civilian Clergy
 - Military OneSource Referral
 - VetCenter
 - TRICARE Referral

Participants with Identified Mental Health Concern: Use of MH Services in prior 12 months



Barriers to Mental Health Care Perceived by Service Members

I don't want it to appear on my military record	35%
Members of my unit might have less confidence in me	21%
My unit leadership might treat me differently	21%
Mental health care cost too much	19%
I don't trust health professionals	18%
I would be seen as weak	18%
It might harm my career	17%
My leaders would blame me for the problem	15%
Difficulty getting time off work for treatment	14%
It is difficult to schedule an appointment	13%
I would have to drive great distances for high quality care	10%
Mental health care doesn't work	8%
I don't know where to get help	6%
I don't have adequate transportation	6%
There are no providers in my community	5%

Barriers to Mental Health Care Perceived by Spouses/Significant Others

Mental health care cost too much	29%
It is difficult to schedule an appointment	17%
Difficulty getting time off work for treatment	14%
I don't know where to get help	11%
I would have to drive great distances for high quality care	10%
There are no providers in my community	7%
I don't have adequate transportation	6%
I would be seen as weak	6%
Mental health care doesn't work	5%
I don't trust health professionals	5%
It might harm my career	4%

Key Findings

- Many soldiers and their spouses/significant others are doing well 45 days post-deployment
- These are extremely resilient families
- Mental health difficulties are present in a number of returning veterans in Michigan
- A number of spouses/significant others report mental health difficulties
- About 40% of marriages/relationships report distress

Key Findings (cont'd)

- A significant proportion of those with at least one mental health concern are parents of children
- Very few of those reporting mental health concerns report using a mental health service
- Treatment barriers exist
 - Concerns about confidentiality
 - Limited family/couple treatments
 - Untrained treatment providers
 - Costs of treatment
 - Stigma
 - Distance to quality treatment

Comparison with RAND Study (2008)

PREVALENCE

- 33% reported a mental health/cognitive condition
- 18.5% met PTSD or depression criteria (300,000 veterans)
- 19.5% reported a probable Traumatic Brain Injury (320,000 veterans)

BARRIERS to CARE

- Stigma – particularly fears of loss of career prospects
- Access to high quality care
- Only 53% in their survey with a mental health condition sought help

COSTS

- Improving access to high-quality care can save money and improve outcomes

Our findings mirror RAND study (national data)

Important Considerations

- Mental health difficulties such as PTSD and depression have a clear connection to divorce, substance abuse, and homelessness
- Some veterans may develop mental health difficulties after an incubation period has passed (could be several years)
- Untreated mental health difficulties can lead to long term higher costs to states and to the country (Rand Study, 2008)
- NG needs are unique:
 - Citizen force
 - Return to communities that may not understand military
 - Rural areas of the state may be vulnerable

Recommendations

1. Need for continued support for returning veterans
2. Need for continuing support for families of veterans including couple and family therapy
3. Need to make support services including mental health care accessible, affordable, and effective
 - * Mental health professionals may not have training in military culture or evidence-based treatments
 - * Stigma may prevent service members from seeking help
 - * Provide confidential services
 - * Rural areas may lack services
 - * Services may not be affordable in some cases
 - * Reimbursement does not always include key services such as marital/family counseling, parent training, sex therapy
4. Invest in research to inform knowledge and treatment

Next Efforts in Our Collaboration

- Road to Re-Integration (initiative of the NG to connect communities to Service Members)
- Interventions for couples and families
- Rural families
- Reduced mental health stigma and barriers at all levels



Special Acknowledgement

We appreciate the service of the National Guard and their families for our state and country, and thank all those who took part in our study

QUESTIONS?



National Guard Being Deployed



Family Impact Seminars

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