

Abstract

- Veterans are struggling with mental health after they military service time.
- Veterans go through traumatic trainings, deployments and other traumatic events that can lead to mental health.
- This study used secondary data from a sample of N=88,446 participants from the National Health Interview Survey.
- The study findings have important implications for social work practice, policy and research.
- The study findings suggest that it is important for veterans to receive more assistance with their mental health versus physical health.

Introduction

Significance of the study

- While serving in the military and participating in combat action can expose military service members to life-threatening experiences. The life-threatening experiences can lead to a mental health disorder such as PTSD.
- 20 out of every 100 veterans who served in Operations Iraqi Freedom, 12 out of every 100 Gulf War Veterans and 30 out of every 100 Vietnam Veterans were diagnosed with PTSD in their lifetime

Purpose

- The purpose of this study was to examine the health and mental health status differences between veterans and non-veterans.

Research Question

- Do military veterans have health or mental health better or worse than non-military members?

Hypothesis

- Military veterans are less physically and mentally healthy than non-veterans.

Literature Review

- One study indicated that primary care providers never met mental health needs for veterans, in fact they did not know which patient was a veteran.
- The veteran health administration created a program to try to increase veterans' acceptance and increase the availability of mental health care.
- There is stigma with veterans regarding seeking treatment for their mental health.
- War veterans who served in Afghanistan and Iraq have a higher chance that includes bronchitis, asthma, or COPD.
- One study implicated veterans are in worse health than civilians.
- Veterans had poorer health and functioning than civilians.
- Despite good health, based on, research, active duty men reported unhealthy lifestyles, which indicates an important area for prevention of poor health and mental health from the military.

Theoretical Conceptual Framework:

- Stimulation theory. This theory focuses on the physical environment as a source of sensory information that is essential for human well-being. According to stimulation theorists, they believe patterns of stimulation will influence thinking, feelings, social interaction, and health
- Veterans are heavily influenced by their surroundings when it comes to health and mental health.

Methods

Research design

- The National Health Interview Survey (NHIS) helps obtain information regarding illnesses and its effects on disability and chronic impairment. The study sample size with this survey had (n=88,446). The study used family questionnaire as an instrument to distribute the NHIS to participants for in person interviews. This present study is a secondary data because it uses a research method that involves existing data. This study is quantitative and the study has a cross-sectional design.

Data Collection Procedures

- Data for the NHIS was collected through interviews during personal visits in the participant's household. The mode of interviewing was an in person visits survey.
- Occasionally, telephone calls were attempted for the following circumstances: when the personal contact had not been a success.
- Confidentiality was explained to the participants in a detailed description of what confidentiality is.

Sample and Sampling Method

- The National Health Interview Survey was given to a sample of the civilian non-institutionalized population in the United States.
- In a year, there are about 63,0000 households that are selected and a total of 33,000 households that are interviewed.
- The households are located in all 50 states and the District of Columbia
- The sampling method used was random probability sampling. The eligible respondents have to be of legal age. For most states, the age is 18 years old except for two states that have 19 as the legal age. Mississippi's legal age is 21.

Measures

- Dependent variables: Duration of depression/anxiety, emotional problem and reported health status.
- Independent variables: Military or not- yes, information, yes, but no information, no, refused, and do not know.

Results

Descriptive Statistics

- The overall sample size was N=88,446. The sample consisted of 48.5% (n=42,875) Males and 51.5% (n=45,571) Females. The average age of the study sample is M=35.65 (S.D.=22.31). Respondents in the sample identified as 75.2% (n=66,497) white, 16.1% (n=14,270) Black/African American, 1.1% (n=982) Indian (American), Alaska Native, 1.2% (n=1,068) Asian Indian, 1.3% (n=1,142) Chinese, 1.7% (n=1,516) Filipino, 2.6% (n=2,272) Other Asian, .3% (n=305) Primary race not releasable, and .4% (n=394) Multiple race, no primary race selected. With regards to marital status, respondents reported the following: 20.8% (n=18,359) under 14 years of marriage, 39.3% (n=34,784) Married-spouse in household, 1.0% (n=856) Married- spouse not in the household, 4.1% (n=3,596) Widowed, 6.1% (n=5,394) Divorced, 1.8% (n=1,554) Separated, 21.8% (n=19,266) never married, 5% (n=4,384) living with partner, and 3% (n=257) unknown marital status. Respondents in the sample were from the following regions of the U.S.: 16.3% (n=14,458) Northeast, 20.5% (n=18,093) Midwest, 36.5% (n=32,308) South, and 26.7% (n=23,587) West.
- Table 2 presents the descriptive statistics, which include independent and dependent variables. The independent variable for this study was Military or not. The independent variable consisted of 3.3% (n=2,882) for yes with information provided, .0% (n=1) for yes with no information provided, 95.9% (n=84,846) for no, .2% (n=141) for refused, and .7% (n=576) for do not know.

Inferential Statistics

- A Mann-Whitney U test was used to examine the difference in health status by veteran's status. Those who were veterans had higher health status (Mean rank = 47,360.73) than those who were not veterans (Mean rank = 43,748.98; U = 39,975.50, p < .01). A Bar graph depicting the mean rank, health status problem score by veteran status is presented in Table 3.

Table 3

Difference in Health Status by Veteran's Status

Variables	Mean rank	U	p
Veteran or not		39,975.50	<.01
Yes, Veteran	47,360.73		
No, not a Veteran	43,748.98		

Table 2

Descriptive Statistics: Study Variables (N = 88,446)

Variables	n	%
Independent Variable		
Military or not		
Yes, information	2,882	3.3
Yes, but no information	1	.0
No	84,846	95.9
Refused	141	.2
Do not know	576	.7
Dependent Variables		
Duration of depression/ anxiety/emotional problem	M = 19.55	SD = 23.21
Valid	1,171	1.3
Missing	87,275	98.7
Reported health status		
Excellent	26,429	29.9
Very good	21,803	24.7
Good	6,957	7.9
Fair	2,098	2.4

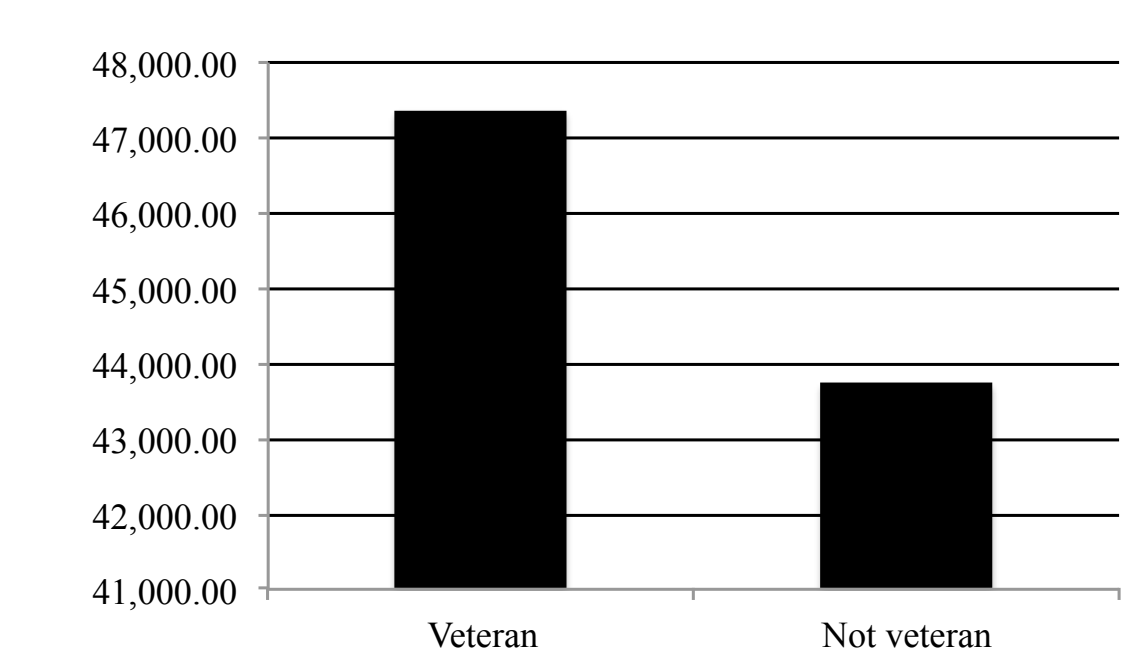
The first dependent variable for this study is duration of depression/anxiety/emotional problem. The mean for depression/anxiety/emotional problem scale was 19.55 (SD=23.21). The valid responses were 1.3% (n=1,171) and the missing respondents were 98.7% (n=87,275). The second dependent variable was reported health status. This included: 35.1% (n=31,057) for excellent, 29.9% (n=26,429) for very good, 24.7% (n=21,803) for good, 7.9% (n=6,957) for fair, 2.4% (n=2,098) for poor, .1% (n=55) for refused, and .1% (n=27) for do not know.

Conclusion

A Mann-Whitney U test was used to examine the difference in depression, anxiety, and emotional problem by veteran status. The results indicated that those with veteran's status (Mean rank=577.50) were not significantly different than those with no veteran status (Mean rank=585.07; U = 48,136, p > .283)

Figure 1

Bar Graph Health Status Mean Rank by Veteran Status



Discussion

Significance of findings

- Aims to seek a concrete answer to provide veterans with a better opportunity to become as healthy (physically and mentally) as non-military veterans.
- Present study found veterans had higher rates of depression, anxiety, and emotional problems than those who were not veterans.
- The results indicated that those with veteran's status have more depression, anxiety and emotional problems than non-veterans

Strengths and Limitations

- Strength is the representation of respondents from all states.
- Strength in this study is the use of a national sample, which has strong generalizability, and representation of diverse backgrounds
- A limitation is secondary data collected was not tailored to military personnel
- A limitation is the weaknesses of a cross-sectional study. This study cannot assume being a veteran has an impact on health or mental health

Implications for Future Research

- Mental and physical health is a required variable to incorporate in future research with participating veterans.
- Future research should examine the expansion of services with mental health
- Future research should examine the benefits of veterans receiving assistance with mental health

Implications for Social Work Practice

- Social workers who interview clients with bio-psychosocial assessments can inquire if a client is a veteran.
- Social workers who assist veterans with their mental health needs can utilize interventions to address the root of their problem and provide coping skills to improve their mental illness

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