

ABSTRACT

In the United States, there are approximately 18.2 million veterans. With the increasing veteran population and number of deployments, the overall needs of veterans are becoming greater. Therefore, the need for services that treat veterans' mental health matters is essential. Identifying and understanding factors that contribute to psychological and behavioral resilience is imperative to assess, treat and to work with veterans. The current study examined the relationship between family emotional support, neighborhood safety and religiosity with psychological distress, depression, over mental and physical health amongst community-dwelling veterans. The present study utilized the Collaborative Psychiatric Epidemiology Surveys (CPES) and The National Survey of American Life (NSAL) to create a secondary data analysis. The selected subpopulation, of 651 community-dwelling veterans, participated in face-to-face and phone interviews. The inferential statistics of the current study produced multiple significant results. First, more self-reported family emotional support is associated with better mental health outcomes among veterans. Secondly, neighborhood drug problem and crime are associated with psychological distress, and the quality of mental and physical health among veterans. Future research is needed to explore the relationship between neighborhood safety and mental health. Next, no relationship was found between religion and spirituality with psychological distress, depression, mental and physical health. The findings of the present study suggest that social and environmental factors have an impact on the well-being of community-dwelling veterans. Thus, the effects that the veteran's systems have on their health indicates that clinicians should examine the veteran's environment to improve adjustment outcomes.

INTRODUCTION

Significance of Study

After returning from service, veterans may develop a variety of disorders and experience many transitional life difficulties, such as the loss of employment, disruption in marital or partnered unity, and a decline in overall health (O'Donnell, 2000).

Purpose of Research

The purpose of this study is to examine the relationship between factors that promote resilience and positive adjustment among community-dwelling veterans.

Research Question

1. What is the relationship between positive social relationships and the development of mental and physical health issues among community-dwelling veterans?

Hypothesis

It is hypothesized that veterans with positive family support, who are religious or spiritual and those who live in a safe environment, will report less emotional distress than those without.

LITERATURE REVIEW

Resiliency

Emotional support is found to be a protective factor among veterans. Less social support is highly predictive of more significant mental health symptoms, suicidal ideation, and reduced functional health outcomes among veterans (DeBeer et al., 2014; Pietrzak et al., 2011).

Research supports the importance of veterans processing trauma with a safe, supportive other, which may extend to prayer in decreasing negative psychological and physical health symptoms (Tait et al., 2016).

Adjustment

Veterans who endorsed symptoms of distress report more physical and medical health difficulties, depression, PTSD, and substance use disorders (Pietrzak & Cook 2013).

Ecological Systems Theory

Ecological systems theory is the study of how humans interact with their changing environment (Bronfenbrenner, 1977).

Gaps and Limitations

There is a lack of knowledge and practice processes that assess the environment of veterans through individual, interpersonal, community, and societal systems levels, and how they impact adjustment. (Elnitsky et al., 2017).

METHODOLOGY

Research Design and Data Collection Procedures

The current study is a secondary analysis of the data from the Collaborative Psychiatric Epidemiology Surveys (CPES). The survey allows researchers to analyze the prevalence, risk factors and impairments associated with treatment patterns of mental illness with an emphasis on minority populations.

The current study utilizes one of the three national surveys from the CPES: The National Survey of American Life (NSAL). NSAL explored racial and ethnic differences in mental health disorders, psychological distress, and service use from within the framework of a variety of assumed risk and protective factors in African American, Afro-Caribbean and White respondents located within neighboring United States communities (Alegria et al., 2016).

Sampling and Sampling Method

The original sample from the NSAL consisted of 6,199 adult individuals residing in the United States.

The current study utilizes a population subsample of NSAL of community-dwelling veterans. The sample of participants included in the secondary analysis from the NSAL are those who report that they have participated in military service (n=651).

Measures

Family Emotional Support is measured on a four-point scale, inquiring how often the participant feels loved by family members, how frequently their family listens to their problems, and how often their family expresses concern for their well-being.

Religiosity and Spirituality are both ordinal variables that are measured on a four-point Likert scale inquiring about how religious or spiritual participants are. The response categories have been reverse coded so that higher score indicate more religiosity or spirituality.

Neighborhood safety is an ordinal variable which was measured on a five-point scale inquiring on crime and drug problems in the participant's neighborhood. The response categories have been recoded.

Psychological distress is measured by using the Kessler Psychological Distress Scale (K 6; Kessler et al., 2002), which was developed to increase the ability to differentiate cases of serious mental illness from non-cases. The K6 scale is shown to be a successful screening tool for mood and anxiety disorders (Furukawa et al., 2003).

This study utilized the 20-item Center for Epidemiological Studies-Depression (CES-D) scale. The scale reports on symptoms of depression such as hopelessness, feelings of guilt and worthlessness, and depressed mood—within the past week.

Mental health rating is measured on a five-point scale inquiring on participant's self-report of overall mental health rating.

Physical health rating is an ordinal variable that is measured on a five-point scale inquiring on participant's self-report of overall physical health rating.

RESULTS

Kruskal-Wallis H Test

A Kruskal-Wallis H test was conducted comparing mean family emotional support scores among study participants from various mental health groups. A significant result was found ($H(4) = 16.903, p = .002$), indicating that the five mental health groups differed from each other.

A Kruskal-Wallis H test was conducted comparing mean psychological distress scores among study participants from various groups of participant's who experience drug problem in their neighborhood. A significant result was found ($H(3) = 18.71, p < .001$), indicating that the different levels of neighborhood drugs problem groups differed from each other.

A Kruskal-Wallis H test was conducted comparing mean distress scores among study participants from various groups of participant's who experience crime in their neighborhood. A significant result was found ($H(3) = 17.78, p < .01$), indicating that the three neighborhood crime groups differed from each other. Table 3 summarizes these results.

Chi-Square

A chi-square test was calculated comparing the physical health rating with various categories of drug problem in the participants neighborhood groups. A significant association was found ($\chi^2(12) = 43.11, p < .01$), while a Cramer's V statistic suggested a weak relationship (0.15).

A chi-square test was calculated comparing mental health rating with various categories of drug problem in the participants neighborhood groups. A significant association was found ($\chi^2(12) = 23.66, p = 0.02$), while a Cramer's V statistic suggested a weak relationship (0.11). Figure 1 summarizes these results.

A chi-square test was calculated comparing the categories of mental health rating with various frequency of crime in the participants neighborhood groups. A significant association was found ($\chi^2(12) = 39.47, p < .01$), while a Cramer's V statistic suggested a weak relationship (0.15). Figure 2 summarizes these results.

Correlation

A Spearman rho correlation coefficient was computed to examine the relationship between family emotional support and depression. No statistically significant correlation was found ($r_s(626) = 0.03, p = .46$).

A Spearman rho correlation coefficient was computed to examine the relationship between family emotional support and mental health rating. A significant correlation was found ($r_s(494) = -0.05, p = .27$).

Differences in Mean Ranks of Psychological Distress Among Participant Groups with Different Mental Health Ratings

	Never/Handily (0)	Not Too Often (1)	Fairly Often (2)	Very Often (3)	Post hoc
Psych. Distress	230.75	271.26	233.02	326.87	0<1,3 2<3

Note. The numbers in parentheses in column heads refer to the numbers used for illustrating significant differences in the "Post hoc" column. Only significant relationships at $p < .05$ level were presented in the "Post hoc" column. Significance values have been adjusted by Bonferroni correction for multiple tests. MR= mean rank.

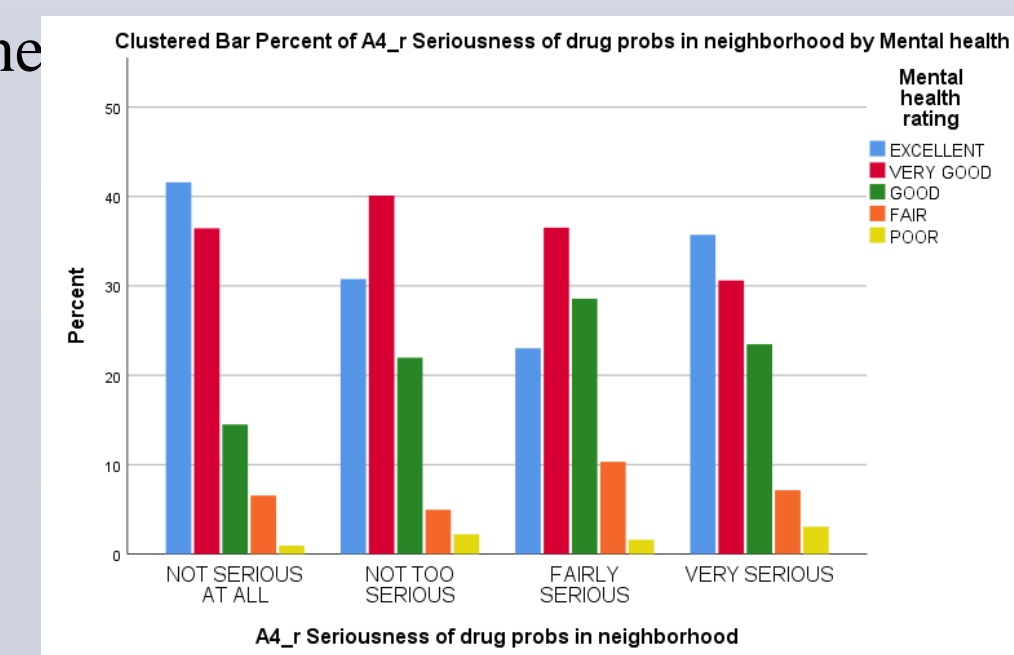


Figure 1. Mental health rating by frequency of drugs in neighborhood.

Table 1

Characteristics	f	%
Sex		
Male	565	86.8
Female	86	13.2
Age in years		
Mean	50.64	SD = 16.015
Race/Ancestry		
Non-Latino Whites	138	21.2
African American	417	64.1
Afro-Caribbean	78	12
All Other Hispanics	18	2.8
Highest education completed		
0 - 11 Years	83	12.7
12 Years	226	34.7
13 - 15 Years	201	30.9
Greater than or equal to 16 years	141	21.7
Employment Status		
Employed	443	68.0
Unemployed	23	3.5
Not in Labor Force	185	28.4
Region of		
Northeast	127	19.5
Midwest	77	11.8
South	393	60.4
West	54	8.3
Marital status		
Married/Cohabiting	311	47.8
Divorced/Separated/Widowed	213	32.7
Never Married	127	19.5

Table 2

Variables	f	%
Resiliency		
Family Emotional Support	M = 6.23	SD = 2.25
Religion		
Not religious	41	6.3%
Not too religious	90	13.9%
Fairly religious	357	55.1%
Very religious	160	24.7%
Spirituality		
Not spiritual	21	3.2%
Not too spiritual	73	11.2%
Fairly spiritual	308	47.5%
Very spiritual	247	38.1%
Neighborhood Safety		
Crime in neighborhood		
Hardly/never	357	55.3%
Not too often	196	30.4%
Fairly often	60	9.3%
Very often	32	5.0%
Drug problem-neighborhood		
Not serious	222	35.0%
Not too serious	186	29.2%
Fairly serious	127	20.0%
Very serious	100	15.7%
Adjustment		
Psychological Distress	M = 2.85	SD = 3.70
Depression	M = 19.85	SD = 19.93
Mental Health		
Poor	12	1.9%
Fair	44	6.9%
Good	134	21.1%
Very Good	232	36.6%
Excellent	212	33.4%
Physical Health		
Poor	35	5.5%
Fair	89	14.0%
Good	190	30.0%
Very Good	216	34.1%
Excellent	104	16.4%

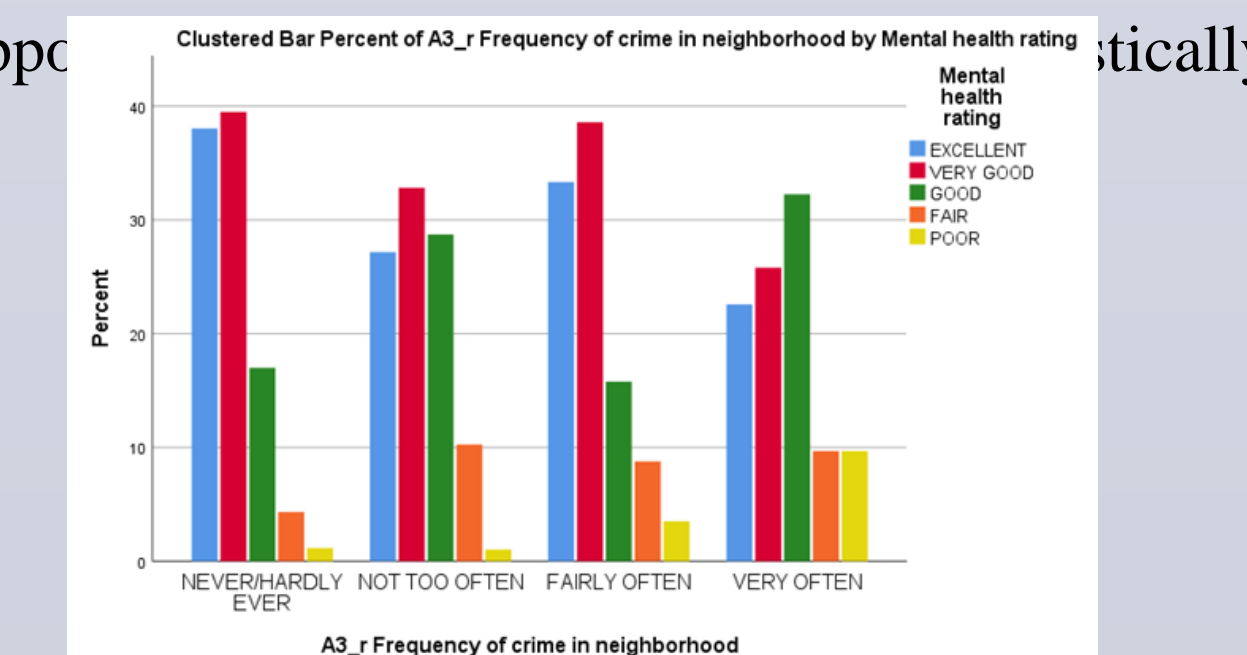


Figure 2. Mental health rating by seriousness of crime in neighborhood.

DISCUSSION

Summary of Findings

Participants who reported more family emotional support are more likely to have better mental health.

There was no significant relationship found between religion and spirituality with the variables for adjustment.

Participants who reported having a serious drug problem in their neighborhood are more likely to report being distressed; less likely to report having very physical good health; and less likely to report having excellent or very good mental health.

Participants who reported having no crime in their neighborhood are less likely to report having psychological distress.

Participants who report more frequent crimes are less likely to report being in very good or excellent physical health.

Similarly, participants who report crime happens very often in their neighborhood are less likely to report having very good mental health when compared to others.

Implications for Research and Practice

The current study's finding suggests that future research should continue to examine the effects of social and environmental factors that contribute to healthy adjustment among the veteran population.

Furthermore, future researchers should aim to gain a more profound knowledge of the relationship between neighborhood drug and crime problems with veteran's mental and physical health.

Strengths and Limitations

Strengths

NSAL is the most thorough and detailed study conducted on mental health and mental disorders amongst the African American population.

NSAL utilized race matching techniques with the interviewer and the respondent. Therefore, attempting to create a similar environment for the participants.

Limitations

The data used for this study was not veteran-specific. The current research used a significantly smaller subsample from the original data set. Thus, the degree to which the findings of this study accurately represent the population the study intended to examine is uncertain.

The study design was cross-sectional. Therefore, this study cannot determine cause and effect.

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