

Findings from *Returning Home from Iraq and Afghanistan* and *Preventing Psychological Disorders in Service Members and Their Families*

More than a decade of war in Iraq and Afghanistan has placed extraordinary demands on service members and their families, and many veterans have returned from the field with significant psychological impairments. Between 2000 and 2011, almost 1 million service members or former service members were diagnosed with at least 1 psychological disorder either during or after deployment; almost half of these members had multiple disorders. These conditions can hamper veterans' ability to reconnect with family, find work, and live healthy and productive lives.

The urgency of alleviating the mental health burden for returning veterans is heightened by the number of men and women affected, the rapid drawdown of military personnel from active-duty posts, and the long-term effects for veterans, their families, and their communities. To respond to this need, the Department of Defense (DOD) and the Department of Veterans Affairs (VA) asked the Institute of Medicine (IOM) to undertake a congressionally mandated study that culminated in the report *Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families* (2013). Because this report focused primarily on screening and treatment for psychological disorders, DOD commissioned the IOM to conduct a follow-up study focused on prevention efforts: *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs* (2014). Together, these reports serve as a comprehensive review of DOD's and VA's prevention and treatment programs for psychological ailments.

The committees' chief findings in these areas are summarized below.

Prevention¹

DOD has implemented numerous resilience and prevention programs for service members and their families, but it faces a number of challenges, including an insufficient evidence base to support its interventions and a lack of systematic evaluation and performance measures.

- By targeting resources to develop the evidence base and facilitate the process of evidence dissemination and implementation, DOD can optimize the effectiveness and cost-effectiveness of its prevention interventions.
- There is a need for DOD to improve approaches for identifying and intervening with service members and members of their families who may already have or may be at risk for developing a psychological disorder.
- DOD should dedicate funding, staffing, and logistical support for data analysis and evaluation to support performance monitoring of programs for accountability and continuous improvement.


¹ The committee for *Preventing Psychological Disorders in Service Members and Their Families* was asked to focus on DOD programs exclusively, so the findings in this section should not be construed as applying to VA programs.



- Although DOD has initiatives in place to build the research base for family-focused programs, a more coordinated, comprehensive, and systematic approach is needed to support prevention programs for military spouses, partners, and children across the life cycle of military service.
- DOD's prevention programs would benefit from further research on how risk and protective factors at the community level affect reintegration for service members and their families.

Treatment²

In many ways, DOD and VA are at the forefront of providing evidence-based treatment for service members with psychological health problems, but challenges exist in both systems, including inconsistencies in care availability and quality and a lack of systematic evaluation.

- Overall, VA and DOD clinical guidelines for screening, assessment, and treatment are in line with the available evidence base and the state-of-the-art clinical practice guidelines put forth by various professional organizations.
- Screening, assessment, and treatment approaches for psychological health problems are not always implemented between and within DOD and VA in a consistent manner or aligned with the evidence base, which threatens the delivery of high-quality care and hampers evaluation efforts.
- There are opportunities to improve processes of training and evaluating clinicians, including the incorporation of continuing education and supervision, standardized periodic evaluation, and a greater emphasis on coordination and interdisciplinarity.
- DOD and VA should invest in research to determine the efficacy of treatments that do not have a strong evidence base.
- Both departments should conduct systematic assessments to determine whether screening and treatment interventions are being implemented according to clinical guidelines and departmental policy.
- Accessible inter-department data systems should be developed to assess treatment outcomes, variations among treatment facilities, and barriers to the use of evidence-based treatment. 

² The committee for *Returning Home from Iraq and Afghanistan* was asked to focus on both DOD and VA programs, so the findings in this section apply to both departments.

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