



NATIONAL COALITION *for* HOMELESS VETERANS

“Psychiatric Status and Work Performance of Veterans of Operations Enduring Freedom and Iraqi Freedom”

Adler, D.A.; Possemato, K.; Mavandadi, S.; Lerner, D.; Chang, H.; Klaus, J.; Tew, J.D.; Barrett, D.; Ingram, E.; Oslin, D.W. / [Full Report](#)

Quick Takeaways:

- Depression, PTSD and other psychiatric illnesses have been linked to poorer work performance on the Work Limitations Questionnaire (WLQ)
- Poor work performance costs employers through lost productivity and revenues
- Veterans from OEF-OIF in this study are significantly linked to depression, PTSD and generalized anxiety disorder
- VA has established clinical guidelines to assist in treating and referring returning veterans diagnosed with many psychiatric and other issues (www.healthquality.va.gov)

Study:

The authors focused on the effects of depression, Post-Traumatic Stress Disorder (PTSD), generalized anxiety and other ailments on work productivity for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans.

Data on veterans were retrieved from August 2007 to April 2009 through VA health providers' Behavioral Health Laboratories (BHL) from rural and urban areas. During this time, 797 OEF-OIF veterans were referred to BHLs from their primary care physicians. Of the 797 identified, 473 were working full or part-time while 324 were unemployed. PTSD, depression, panic disorders, generalized anxiety disorders and alcohol and drug dependence information was collected and ranked according to severity. Mental (MCS) and physical component (PCS) scores were taken from the Short-Form Health Survey of the Medical Outcomes Study to measure general physical and mental functioning. Respondents were asked if they experienced a head trauma or brain injury. The Work Limitations Questionnaire (WLQ) provided self-evaluated work performance data in four different areas: mental-interpersonal demands, time management, output and physical demands.

Conclusions of Study:

According to the BHL information: 35% of veterans showed signs of major depression disorder, 47% showed signs for PTSD, 42% showed signs of a generalized panic disorder, 8% showed signs of a panic disorder, and 18% had a dependence on alcohol or illicit drugs.

Veterans who scored higher on the MCS and PCS showed higher levels of work impairment on the WLQ subscales. The severity of depression, PTSD, generalized anxiety disorder, panic disorder, and alcohol or drug dependence reflected significant impairment on the WLQ subscales as well. Impairment in mental-interpersonal aspects of work were connected to PTSD, major depression and generalized anxiety disorder or panic disorder. Time management impairments were connected to major depression, PTSD, generalized anxiety disorder, panic disorders and significant head injuries. Work output difficulties were connected to the five areas of mental health as well as to a high physical component score. Physical demand difficulties were connected with those reporting a head injury as well as a high PC score and alcohol or drug dependence. Overall there was a possible 13%-48% loss of productivity with veterans who were involved in this study.



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Next Steps:

The authors of the study were adamant about focusing on the work VA does to assist those from OEF-OIF with both their physical and mental health. They note the barriers associated with receiving services for mental health and what processes are being implemented or considered to reduce the challenges. The authors emphasize the need to address the mental and physical issues with veterans facing employment barriers. A noted area was the VA’s Clinical Practice Guidelines found at www.healthquality.va.gov.

Source: Adler, David A., et al. "Psychiatric Status and Work Performance of Veterans of Operations Enduring Freedom and Iraqi Freedom." *Psychiatric Services*. 62.1. (2011): 39-46. Web. 23 June 2014.
<http://ps.psychiatryonline.org/data/Journals/PSS/1831/pss6201_0039.pdf>.