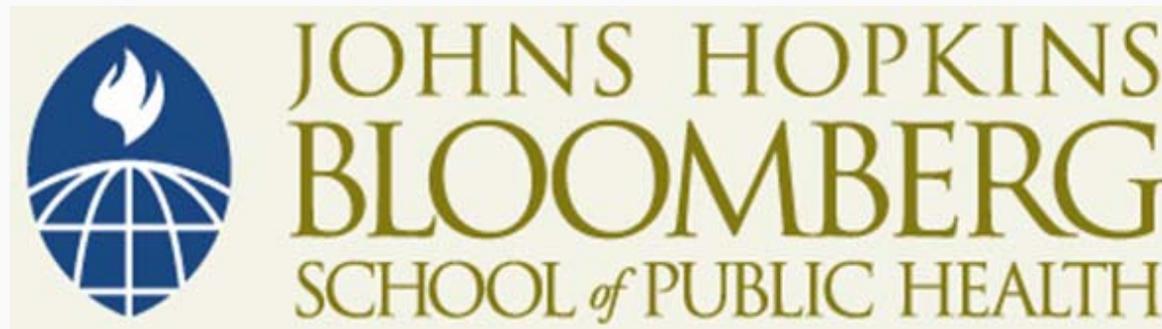


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## Military Reservists

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Jacqueline Agnew, RN, MPH, PhD  
Johns Hopkins University



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## Section A

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Mobilization Experience

# Mobilization Experience

Total Guard/Reserve mobilized as of January 2009	
Service	Total
Army Guard and Reserve	96,029
Navy Reserve	5,855
Air Guard and Reserve	16,161
Marine Corps Reserve	7,776
Coast Guard Reserve	843
Total	126,664

# Who Is Being Mobilized?

- All ages
- Men and women
- Jobs differ
- Health status varies

# Reservists—Unique Group

- Hold civilian jobs as well as Reserve job
  - Unique stressors
- Most health care outside military system
- Limited military influence on health behavior
  - Standards—Army Physical Fitness Test (APFT), height/weight
  - Periodic physicals (5 years), health risk appraisals
- Reservists don't live on Army post

# Quotes from Our Groups

- “My family worries about deployment. It looms over us.”
- The Reserves is “part of the reason I've been single.” “The reserves isn't very conducive to a family lifestyle.”

# The Employer's Perspective

- Study of employers' perspective in response to soldiers' concerns
- Interviews with civilian employers post-911
- Most in military police units
- Some concerns of employers noted:
  - Call came too quickly
  - Call came at an inconvenient time
  - Absent too long
  - Did not return when expected
  - Length of assignment was unclear

# Prior to Activation

- Be aware of who belongs to the Guard/Reserves
  
- Employees should have copies of relevant health information
  - Record of immunizations
  - Documentation of allergies
  - List of medications
  - Known conditions (records from care givers)
  
- Encourage to have meds, glasses, other devices
  
- Remind to formally notify organization of mobilization—impending and actual

# Family Concerns

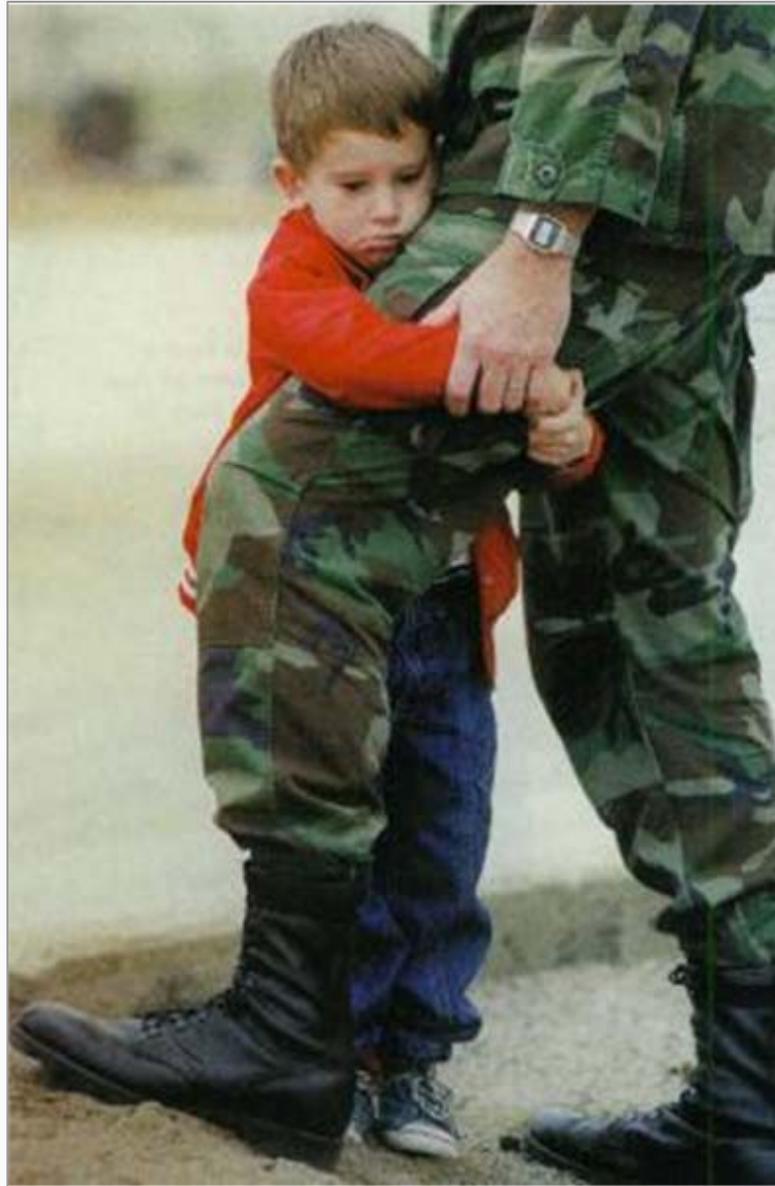


Photo by John Tuttle, Operation Desert Shield.

# What Happens Once Mobilized?

- Administrative—process onto active duty
  - Eligible for medical care, also TRICARE
- Screening
  - Plan for finances, family
  - Health—depends heavily on history, *may* be sent home
- Immunizations
- Limited briefings on potential health hazards



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## Section B

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### Physical and Mental Health Effects

# Physical and Mental Health Effects



Spc. Nicholas Williams, who was wounded in Iraq in July 2007, works out with his new prosthetic leg at WRAMC's Military Advanced Training Center, which opened in September 2007. Photo is Public Domain.

# Non-Battle Injuries

- Approximately 60% of air evacuations in 2004



Public Domain.

# Major Causes of Non-Battle Injuries

- Fall and jumps
  - 18.7%
  - Motor vehicles
- Sports/physical training
  - 18%
  - Basketball, football, PT
- Motor vehicle
  - 15%

# Terms for Mental Health Effects of War

- Korean War era and before: shell shock
- Vietnam era: combat fatigue
- Current era: combat stress

# Post Traumatic Stress Disorder: Symptoms

- Three distinct groups of symptoms
  - Intrusion
  - Avoidance
  - Hyperarousal

# Intrusion Symptoms “Reliving”

- Recurrent distressing memories of the event
- Recurrent dreams of the event
- Flashback episodes, where the event seems to be recurring
- Bodily reactions to situations that remind them of the traumatic event

# Avoidance Symptoms

- Inability to remember important aspects of the trauma
- Lack of interest in normal activities
- Feelings of detachment
- Sense of having no future
- Emotional “numbing,” or feeling as though they don’t care about anything
- Reduced expression of moods
- Staying away from places, people, or objects that remind them of the event

# Hyperarousal Symptoms

- Irritability or outbursts of anger
- Sleeping difficulties
- Difficulty concentrating
- Exaggerated response to things that startle them
- Hypervigilance

# Defining PTSD

- Veterans Administration
- National Center for Post Traumatic Stress Disorder
  - [http://www.ncptsd.va.gov/ncmain/ncdocs/assmnts/ptsd\\_checklist\\_pcl.html](http://www.ncptsd.va.gov/ncmain/ncdocs/assmnts/ptsd_checklist_pcl.html)



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## Section C

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### Results of Three Studies

- Study: *Combat Duty, Mental Health Problems, and Barriers to Care*
  - Operations Iraqi Freedom and Enduring Freedom
  - Combat arms
  - 2,530 surveyed one week before deployment
  - 1,962 after return (3-4 wks) from Afghanistan
  - 894 after return from Iraq
  - Anonymous survey: symptoms of depression, anxiety, PTSD, alcohol problems, family problems, professional help, barriers
  - See [Table 3: Perceived Mental Health Problems and Alcohol Misuse](#)

# Focus of Recommendations

- Early detection
- Need and systems for mental health services
  - Types and numbers of professionals
  - Location and model
  - Confidentiality
- Overcoming stigma
- Refining treatment options
  - Psychotherapy
  - Medications
- Implications for delivering care in AD vs. VA systems
- Research in these areas

- Study: *Mental Health Problems, Use of Mental Health Services, and Attrition from Military Service after Returning from deployment to Iraq or Afghanistan*
  - Post-deployment health assessments
    - ▶ Mandated screening program
    - ▶ N = 304,000 returning from deployment
  - Assessed
    - ▶ Major depression and other problems
    - ▶ Referral for mental health problem
    - ▶ Use of mental health services
    - ▶ Attrition from service

# Results

- Any mental health problem
  - Returning from Iraq: 19.1%
  - From Afghanistan: 11.3%
  - Other locations: 8.5%
- Associated with
  - Leaving the service
  - Combat experiences
  - Mental health care referral and utilization per year
    - ▶ 35% from Iraq sought mental health services in the next year—12% diagnosed with disorder
    - ▶ Less than 10% who received care came through referral process
- Rates of mental health problems similar for active duty (18%) and Reserve/Guard (21%)

- Study: *Longitudinal Assessment of Mental Health Problems among Active and Reserve Component Soldiers Returning from the Iraq War*
  - Cohort of 88,235 soldiers returned from Iraq
  - Active and Reserve/National Guard
  - Completed health risk assessment on return and approximately 6 months later
  - Assessed
    - ▶ Depression
    - ▶ PTSD
    - ▶ Suicidal/aggressive ideation
    - ▶ Interpersonal conflict—family or others
    - ▶ Alcohol screen

# Results

- More mental health problems reported at later point in time
  - Interpersonal conflict concerns
    - ▶ Active: 3.5% to 14.4% (time of return to 6 months later)
    - ▶ Reserve: 4.2% to 21.1%
  - PTSD
    - ▶ Active: 11.8% to 16.7%
    - ▶ Reserve: 12.7% to 24.5%
  - Depression
    - ▶ Active: 4.7% to 10.3%
    - ▶ Reserve: 3.8% to 13.0%
  - Overall mental health risk
    - ▶ Active: 17.0% to 27.1%
    - ▶ Reserve: 17.5% to 35.5%

# Traumatic Brain Injury (TBI)

Gates tries to ease troops fears over

**CNN.com** / U.S. News

HOME WORLD U.S. POLITICS C

Hot Topics » Impact Your World » Tornado

**Live Developing Story**

**Gates tries to ease troops fears over mental health stigma**

Brain Injury Association of America  
**25 years**

8201 Greensboro Drive  
Suite 611  
McLean, VA 22102

## Soldiers with Traumatic Brain Injury (TBI)

### Problem:

Brain injuries occur during combat. From previous wars it has been estimated that approximately 20% of all military casualties have sustained a brain injury.'

Core health news

**Thousands of soldiers live with 'silent epidemic'**  
**Troops struggle to cope after suffering traumatic brain injuries**

**Ap** Associated Press

updated 1:19 p.m. ET, Sun., Sept. 9, 2007

NASHVILLE, Tenn. - "I went home — R&R for 10 days — and the day I got back is the day I got hit," Bryan Malone said.

"It was two weeks, you moron. It was 15 days," scolded his friend, Eric O'Brien, adding to others: "The problem with him is, he's as dumb as a box of rocks to begin with. We've got no baseline on him."

Their jokes and sarcasm mask a serious worry.



# Traumatic Brain Injuries (TBI): A Growing Concern

- Accompany other injuries—seen in 30% of those with combat-related injuries at WRAMC
- Concern for those not otherwise wounded—may not be recognized at the time
- What will happen over time?

# Indicators of Mild Traumatic Brain Injury

- Self-reported head injury
- Being dazed, confused, or “seeing stars”
- Symptoms—headache, dizziness, memory problems
- Not remembering the injury
- Losing consciousness

- Study: *Mild Traumatic Brain Injury in U.S. Soldiers Returning from Iraq*
  - 2,525 infantry soldiers—most had seen combat
    - ▶ Most male
    - ▶ ~50% under age 30
    - ▶ ~50% junior enlisted
  - Self-administered survey 3-4 months after return from Iraq
  - Assessed
    - ▶ TBI (analyzed loss of consciousness separately)
    - ▶ PTSD
    - ▶ Depression
    - ▶ Health rating, medical appointments, missed work
    - ▶ Physical symptoms

# Findings

- About 15% had injury classified as TBI on screening survey
- 5% experienced loss of consciousness
- TBI strongly associated with PTSD
- Loss of consciousness also associated with depression

# Other Associations

- Loss of consciousness
  - Lost work days
  - Medical visits
  - Physical symptoms
  - Other post-concussive symptoms
    - ▶ Problems with memory, balance, concentration
    - ▶ Irritability, ringing in ears
  
- Other changes in mental status
  - Headache
  - Problems with balance, concentration
  
- TBI strongly associated with PTSD
  
- TBI and health symptoms thought to be mediated by PTSD and/or depression

# Implications

- Sheer numbers
- Self-reported TBI screen responses not specific for post-injury problems
  - Can lead to a high percentage of false positives, large number of referrals
  - Costs vs. benefits of screening?
- Management of PTSD, depression, other related outcomes very important

## To Date ...

- Public awareness is growing
- Studies have effectively changed policy
- Go beyond focus on combat troops
- Gradual recognition of Reserve/Guard role and their risks



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## Section D

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### Returning to Civilian Life

# Returning Home



[Photo](#): Jeff & Leigh & Sam. CC-BY-NC-ND

# Re-entry and Emotional Health

- May feel “at sea”
- Interactions strained
  - Co-workers not sure what to say
  - Soldier can interpret as indifference
    - ▶ “Acted like I never left”
- Afraid of looking weak, fearful, “crazy”
- Family interactions may be difficult
- Higher than average suicide rates
- Possible symptoms of PTSD
  - Estimated 50-70% will have some symptoms

# PTSD Symptoms and Work Behavior

- Problems concentrating
- Anger, anxiety, withdrawal
- Conflict with co-workers
- Increased accidents/close calls
- Drop in motivation
- Trouble completing work
- Tardiness, absenteeism
- Substance abuse

# Workplace Actions

- Examine need for policies
- Need some catch-up time
- May need to re-enter gradually, flexible schedule
- Ask expectations, what communication desired
- Refer if necessary
- Be a good listener

# Benefits and Protection

- Health care
  - Provided while on active duty and 180 days after
  - Also provided for family, TRICARE
  - If “line-of-duty” injury or illness, eligible for care until separation (then VA system)
- Employment
  - Uniformed Services Employment and Reemployment Rights Act (USERRA)

- Obligations of service member
  - Must notify employer of mobilization: verbal or written
  
- Provisions of USERRA—employer
  - Can request documentation if more than 30 days absence
  - Mandatory poster explaining rights (DOL)
  - Same job or equivalent in pay, status, seniority
  - Treat disabled as with Americans with Disabilities Act



## Uniformed Services Employment and Reemployment Rights Act (USERRA)

**Ombudsmen who serve as a resource,  
clarify the law and mediate if necessary**

**800-336-4590**

**<http://www.esgr.org/>**

# Vocational Rehabilitation and Employment Program

- Vocational Rehabilitation and Employment Program (VR&E)
  - Department of Veterans Affairs
  - Can help determine reasonable accommodations for disabled or, if unable to resume previous job, help train, find new one

# Helpful Sites

- Web sites
  - Federal employees rights and benefits
    - ▶ <http://www.opm.gov/oaca/compmemo/2001/2001-09A.asp>
  - Transition Assistance Program—DOD, DOL, VA
    - ▶ [www.turboTAP.org](http://www.turboTAP.org)
    - ▶ Transition Guide for Guard/Reserve
  - <http://www.vetsuccess.gov/> (VA)
    - ▶ Describes Disabled Transition Assistance Program (DTAP)
  - [www.military.com/deployment](http://www.military.com/deployment)
  - Deployment Health Clinical Center (subscribe to newsletter)
    - ▶ [www.pdhealth.mil](http://www.pdhealth.mil)
  - National Center for PTSD
    - ▶ <http://www.ncptsd.va.gov/ncmain/index.jsp>