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Mission Critical: Getting Vets With PTSD Back to Work

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Unemployment and Health

Thousands of service men and women leave active duty every year, returning to claim their place in civilian life. This transition can prove difficult, and for those returning from the recent campaigns of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), it is all too often complicated by mental health disorders, including posttraumatic stress disorder (PTSD). This article stresses the importance of work on health and social reintegration and provides guidance for those in the healthcare sector to assist veterans in returning to employment.

The link between unemployment and health has been long recognized. Studies have found that unemployment is associated with increased somatization, depression, anxiety, suicide, cardiovascular disease, medication use, visits to physicians, and days spent sick in bed. Furthermore, unemployment can lead to increased drug, alcohol, and tobacco use and poor dietary and exercise habits -- all of which may affect the development and progression of chronic disease.[2] Unemployment during the working years has also been associated with poorer mental health of retirees.[3]

In contrast, research has shown that reemployment improves self-reported general and mental health, affecting bodily pain and vitality as well as social and physical functioning within as little as 6 months.[4] The interdependencies among health, work, and life are being increasingly recognized by health professionals and research agencies, such as the National Institute for Occupational Safety and Health (NIOSH), where the concept of Total Worker Health™ has been developed to foster better integration of health protection and health promotion programs.[5] Consistent with this concept, getting veterans back to work may have vast implications not only for their economic and social well-being but also for the positive influences of work on their health.

The concept of primary care teams and the medical home is gaining popularity for all patient populations, but this approach is of particular importance in dealing with the complex medical and social issues facing veterans. Primary care teams, in addition to providing traditional medical care, have an opportunity to improve the overall quality of their patients' lives by participating in their return-to-work efforts.

This article provides an overview of the return-to-work process and addresses the role that primary care teams may play. Resources are listed to further assist the team in providing care for this deserving population.

Employment Status of Veterans

Veterans may face barriers preventing them from successfully reintegrating into society and returning to the workforce; these include lack of requisite job skills, a competitive civilian job market, and mental health issues frequently resulting from their time in service. The 2011 overall unemployment rate for those who served on active duty at any time since September 2001 was 12.1%, with a rate of 29.1% among men aged 18-24 years. The

unemployment rate for veterans with a disability was 10.4%-14.4%.[6] These rates are significantly higher than the 8.7% unemployment rate for all nonveteran populations.

Veterans and Posttraumatic Stress Disorder

PTSD is an anxiety disorder that occurs after exposure to or witnessing of an extremely traumatic event that evokes intense fear or horror. The disorder is characterized by a persistent reexperiencing of the event, persistent avoidance of stimuli associated with the event, numbing of responsiveness, and symptoms of increased arousal. These symptoms must result in clinically significant distress or impairment of social or occupational functioning.[7]

The diagnosis and treatment of PTSD is beyond the scope of this article. Guidance for postdeployment medical care, including mental health of veterans, can be found elsewhere.[8]

The prevalence of PTSD is estimated to be 13.8% among veterans of OIF/OEF.[9] The unemployment rate for veterans with PTSD is approximately 13%.[10]

Impact of PTSD on Work

Several characteristics of PTSD can pose barriers to veterans attempting to reenter the civilian workforce. Among these are the symptoms of PTSD, which include:

- Diminished interest or participation in significant activities;
- Feelings of detachment or estrangement from others;
- Difficulty falling or staying asleep;
- Hypervigilance;
- Exaggerated startle response;
- Difficulty with concentration or attention;
- Restricted range of affect.

These symptoms, along with the unfolding and changing nature of PTSD, can make returning to a work setting that features numerous coworkers, enclosed work areas, or constant movement and noise or tasks that require vigilance and concentration a challenging proposition. A recent study of work performance among veterans meeting criteria for PTSD demonstrated impairment in time management and work output and losses in productivity.[11] The same study found that alcohol dependence and illicit drug use, which are common comorbid factors, were associated with impairments in meeting the physical demands of labor.

Role of Healthcare Providers in Return to Work

By recognizing the unique challenges faced by veterans with PTSD while transitioning from military to civilian life, healthcare providers can play an important role in facilitating their reintegration. Providers have 2 major roles in assisting veterans in return to work. They offer traditional healthcare by identifying and mitigating risk factors; providing preventive care; and treating acute and chronic disease, including mental health conditions.

Providers also have a valuable opportunity to participate in interdisciplinary vocational rehabilitation teams. These services are well integrated within the Veterans Health Administration system; however, because only approximately 50% of OIF/OEF veterans receive their healthcare through the Veterans Health Administration,[8] healthcare providers in the private sector should be aware of the importance of this activity.

Traditional healthcare. Primary care providers in the community must be vigilant in identifying men and women who have served in the military, establishing rapport, taking a through military history, and recognizing the unique healthcare needs of veterans. Providers must be purposeful in asking about military service, because veterans may not readily offer this information and the face of military personnel is changing.

Since 2002, 1.44 million personnel with a history of deployment to Iraq and Afghanistan have separated from the military, and approximately 45% of these individuals are veterans of the Reserves and National Guard.[12] Furthermore, the proportion of the veteran population who are women is increasing and is projected to reach 10% by 2020.[13] With the changing roles of women in the military and subsequent exposure to combat, understanding the challenges that female veterans face may be critical in taking an informative history.[14]

Health in veterans. The following facts should heighten awareness on the part of healthcare professionals when providing care to veterans, particularly those with PTSD:

• Up to 80% of military women have experienced sexual harassment, and 25% have been sexually assaulted.[14]

• Younger veterans (those < 25 years of age) are at higher risk for alcohol abuse (adjusted relative risk [ARR], 2.21; 95% confidence interval [CI], 1.89-2.59) and other drug use disorders (ARR, 4.92; 95% CI, 3.36-6.66) than are older veterans.[15]

• Younger active-duty veterans (those 18-24 years of age) were found to be at a higher risk for receiving 1 or more mental health diagnoses (relative risk [RR], 3.32; 95% CI, 3.12-3.54) and developing PTSD (RR, 5.04; 95% CI, 4.52-5.62) compared with older veterans (those > 40 years of age).[16]

• Veterans with PTSD may be at increased risk for metabolic syndrome. One study found that 66.7% of veterans with high-intensity PTSD met the criteria for metabolic syndrome, compared with 23.3% of those with low-intensity PTSD.[17] Comorbid depression may increase the risk.[18]

• Veterans, who represent only 0.4% of the population, account for nearly 20% of the estimated 30,000 suicides annually in the United States, with 18 veteran suicides per day.[19]

• Veterans who screen positive for PTSD are 4 times more likely to express suicidal ideation than those without PTSD symptoms, and the risk increases with 2 or more comorbid factors.[20] Other suicide risk factors include problems with alcohol use, perceived barriers to care, and family concerns.[21,22]

• Veterans may be reluctant to seek mental health treatment, citing concerns that they may lose the trust of coworkers, damage career opportunities, and be prevented from gaining security clearances for postservice employment.[9,23]

• Within the Veterans Heath Administration system, where the index of suspicion is high, 60% of mental health disorders are diagnosed in non-mental health settings; 42% are found during primary care visits,[16] underscoring the importance of screening in the primary care setting.

Key resources. A recent article by Spelman and colleagues,[8] "Post Deployment Care for Returning Combat Veterans," reviews key elements of providing primary care for returning veterans, including common risk factors, recommended approaches to care, screening tools, and other useful resources. "Posttraumatic Stress Disorder, Depression, and Suicide in Veterans," by Sher and colleagues,[24] provides insight into unique aspects of suicidal behavior among veterans and potential intervention strategies. "Women and War. What Physicians Should Know," by Murdoch and colleagues,[14] discusses medical and psychiatric conditions among female veterans. These articles are valuable resources for any primary care provider in the private sector.

The Interdisciplinary Return-to-Work Team

Return-to-work assistance is available to all people, including veterans who were in a job and sustained an injury or other medical condition as a result of that job or work environment, and then attempt to return to employment. The process requires a team that assists veterans to understand themselves and their disabling conditions, the role that work plays in recovery, and the resources available to be successful in meeting their goals. These team members include the veteran, the primary care provider, the mental health professional, and the vocational rehabilitation counselor, along with other healthcare professionals if comorbid conditions are present. The vocational rehabilitation counselor may play the most vital role in understanding the relationship between work and recovery.

The primary care provider's role on the team is to recognize the importance of work to a veteran's recovery and how the process of vocational rehabilitation works. The provider can then furnish the team with an employment-focused understanding of the patient's diagnoses, treatment options and prognosis, existing functional limitations, and updates if the patient's condition changes over time.

Vocational Rehabilitation Planning and Service Delivery Process

To facilitate employment success, the vocational rehabilitation team:

• Assesses the individual;

• Identifies social support systems, and

• Selects and implements the most promising practices for that individual.

Assess the individual. The plan must take into account the individual. Each person possesses a unique set of behaviors, attitudes, coping skills, occupational history, transferable work skills, and expectations. The vocational rehabilitation counselor will provide vocational evaluation, transferable skills analyses, and counseling to help the veteran understand the disability as well as the holistic perspective of his or her strengths.

The primary care team provides the vocation rehabilitation counselor with detailed information about functional limitations (physical, cognitive, and emotional) that will affect employment choices and workplace performance. Consideration should be given, for example, to the work-day structure (stable work hours, rest breaks, and medications that affect safety).

Assess the social support network. After veterans have an understanding of their disabilities and themselves in a return-to-work effort, the next step is to take into account the role of family, peers, and the overall community, including broader societal factors, such as labor market conditions.[25]

Disabilities, such as PTSD, do not affect just the individual. Family members also experience a range of emotions and reactions to living with the disorder and the person who is now different. Emotions can range from anger to guilt and depression, resulting in sleep problems, substance abuse, and other health problems, as well as detachment.[26,27] Understanding the impact of this disorder is integral to providing comprehensive care for the family, especially in the setting of a family medicine practice.

A return to civilian work from active service is often uncharted territory for veterans. The military offered structured work assignments, access to training, transportation to worksites, and frequent supervision. The expectations were clear and consistent from one work assignment to another. Family support was intricately interwoven into the service commitment. Civilian work and life, in contrast, can be less structured and harder to understand. The transition can be difficult for many veterans, especially for those who enlisted at age 18 years and have not yet experienced complete independence.

Primary care providers should provide the team with a thorough social history, including information about the veteran's support system. Evaluating the need for support services for the veteran and their family members is essential to the veteran's employment success. Every community is different, and determining what is available is the team's responsibility. These services may include demonstration programs, such as Community Circles of Support for Veterans' Families. The team can play a vital role in linking veterans and their family members to community resources and in providing referrals to support groups and other services.

Promising Intervention Strategies

Work-related psychosocial factors can place the veteran's recovery at risk. These factors include stress on the job, dissatisfaction with choice of occupation or job, failure to receive necessary accommodations on the job, and lack of skills or support by coworkers. After these areas of concern have been identified, the team can assist the veteran in implementing a plan for employment using the following intervention strategies

Develop coping skills. For veterans with PTSD, handling stress is a core issue. Sources of stress include their medical conditions, their interpersonal relationships, and the changes occurring in their lives. The individual's coping skills must be assessed and addressed through treatment. Individual, group, and family counseling can assist people with developing these skills. Other interventions found to be promising by the National Council on Disability include cognitive-behavioral therapy, exposure therapy, cognitive restructuring, and eye movement desensitization and reprocessing.[28] It may be necessary for the primary care team to refer the veteran to a mental health provider for these services.

Pursue education and job training. Occupations for veterans can be limited by geographic location and the local labor market. Yet, a major reason that many jobs are not filled is the lack of qualified workers.[29] The Vocational Rehabilitation & Education Program in the US Department of Veterans Affairs and the state-federal vocational rehabilitation system are available to help with training.

Request work accommodations. An accommodation is any change in the environment or in the way work is customarily done that helps a veteran enjoy equal employment opportunities. Examples of accommodations for veterans with PTSD include providing a noise-cancelling headset to address concentration problems, providing written as well as verbal instructions for those with memory deficits, using organizational tools to help with time management, allowing more frequent work breaks to cope with stress, or matching a veteran with a service dog that performs specific tasks to improve functioning. These recommendations may be stronger when they come from a physician. A list of functional impairments with associated job accommodations for veterans with PTSD is available at Job Accommodation Network -- Occupation and Industry Series.

Understand the law. The larger world of legislation and policy is an essential part of the negotiation for a supportive work environment. Title I of the Americans With Disabilities Act and the Uniformed Services Employment and Reemployment Rights Act are protections from employment discrimination. Taking the time to understand these laws will enhance the primary care team's ability to assist this patient population.

Keys to Success

The primary care team plays a major role in facilitating the employment success of veterans with PTSD. The limited time that individual physicians have for each patient's overall care underscores the importance of developing multidisciplinary teams for the care of this medically complex population. In addition to providing traditional healthcare, these providers serve a vital function on an interdisciplinary vocational rehabilitation team that understands the importance of employment in promoting health and well-being. By working together, these teams can ensure that veterans, who have endured hardship and sacrifice in service to our nation, receive the assistance they deserve to reclaim a position in the US workforce.

Disclaimer: *The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the National Institute for Occupational Safety and Health, the Centers for Disease Control and Prevention, or the US Department of Health and Human Services.*

Web Resources

Posttraumatic Stress Disorder

US Department of Veterans Affairs, National Center for PTSD: Understanding PTSD Treatment

VA Suicide Prevention Program: Facts About Veteran Suicide

Women and War. What Physicians Should Know

National Alliance on Mental Illness: Understanding and Coping With PTSD

Post-Deployment Stress: What Families Should Know, What Families Can Do

Vocational Rehabilitation Resources

US Department of Veterans Affairs: Vocational Rehabilitation & Employment Service

US Department of Veterans Affairs: Compensated Work Therapy

US Department of Labor, Job Accommodation Network: Vocational Rehabilitation Agencies

US Department of Veterans Affairs: Vet Center

Military.com: Vocational Rehabilitation and Employment

Resources for Employers and Job Accommodations

US Department of Labor, Job Accommodation Network: Accommodating Service Members and Veterans With Post-Traumatic Stress Disorder (PTSD)

US Equal Employment Opportunity Commission: Veterans and the Americans With Disabilities Act (ADA): A Guide for Employers

US Department of Labor: Uniformed Services Employment and Reemployment Rights Act (USERRA) Information

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