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The Invisible Wounds of War Study Stimulates Far Reaching Policy Changes

THE ISSUE

Between 2001 and 2007, the United States deployed approximately 1.6 million troops to Afghanistan and Iraq. Many experienced prolonged exposure to combat-related stress or traumatic events. In 2007, concern about their welfare was high, and multiple organizations began to evaluate the care of the war wounded and recommend improvements. However, the impetus for policy change outpaced the knowledge needed to inform solutions. To address this gap, researchers from the RAND Corporation conducted a comprehensive study of the mental health and cognitive needs of returning service members and veterans, focusing on post-traumatic stress disorder, major depression, and traumatic brain injury. The RAND team examined the prevalence and societal costs of these conditions, and the programs and services to address them.



In 2007, the RAND Corporation undertook a first-of-its-kind, comprehensive study of the mental health and cognitive needs of returning service members and veterans,

focusing on post-traumatic stress disorder, major depression, and traumatic brain injury.

Among the key findings: 18.5 percent of U.S. service members who returned from Afghanistan and Iraq had symptoms consistent with a diagnosis of post-traumatic stress disorder or depression; 19.5 percent reported experiencing a traumatic brain injury during deployment. Roughly half of those who needed treatment for a mental health problem had sought it, but only slightly more than half who received treatment got minimally adequate care. Analysis also showed that improving access to treatment supported by scientific evidence could be cost-effective and improve recovery. Thorough dissemination of these findings helped educate policymakers, providers, veterans and their families; and RAND's assessment ultimately altered the nation's priorities for diagnosing and treating behavioral health conditions among returning service members.

RAND researchers offered four broad recommendations, each supported by detailed recommendations, for improving understanding and treatment of these conditions:

1. Enhance and increase health care system capacity to provide evidence-based mental health care,

2. Change policies and practices to encourage more service members and veterans to seek needed care,
3. Ensure that evidence-based care is delivered in all settings, and
4. Invest in research to close knowledge gaps and plan effectively.

The study attracted broad press coverage, including major TV and radio interviews. The findings were briefed to members of Congress, high-ranking officials in DoD, VA, and other federal agencies, veterans' groups, and other stakeholders. The study also generated educational pamphlets to inform veterans and their families about these conditions and to describe support resources. In this way, analytic results were translated to directly benefit an additional and vulnerable audience.

The analysis drew the attention of policymakers and the public to the needs of large numbers of returning Iraq and Afghanistan veterans who have post-traumatic stress disorder and major depression or who may have experienced a traumatic brain injury during deployment. Study findings stimulated wide-reaching policy changes. Shortly after the study was published, Secretary of Defense Robert Gates finalized modifications to the Department of Defense security clearance application to diminish potential stigma associated with psychological care. Subsequently, the Chairman of the Joint Chiefs of Staff called for screening for all returning military personnel, including mandatory face-to-face evaluations for

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post-traumatic stress. The principal user of this research, the U.S. Congress, cited the study as essential in its work. Since the study was published, policy action has been taken on all four of the study's primary recommendations.

RAND's was the first, and remains the only, large-scale nongovernmental assessment of the psychological and cognitive needs of U.S.

military personnel who served in Iraq and Afghanistan. It was also the first study to consider these problems from a broad societal and economic perspective. The study is a quintessential example of how health services research can improve health and health care decision-making. The quality of the research, coupled with the dissemination and translation strategies, underpin its extraordinary influence.

SELECTED PUBLICATIONS

See <http://veterans.rand.org>

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What is health services research?

Health services research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care. The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high quality care, reduce medical errors, and improve patient safety.

— Agency for Healthcare Research and Quality

KEY CONTRIBUTORS

Terri Tanielian, Lisa H. Jaycox, Terry L. Schell, Grant N. Marshall, M. Audrey Burnam, Benjamin R. Karney, Lisa S. Meredith, Christine Eibner, Jeanne Ringel, Rajeev N. Ramchand, Mary E. Vaiana, David Adamson.

