

## Key Takeaways for Promoting Veteran Well-being



Researchers at the Clearinghouse for Military Family Readiness at Penn State were primary partners in a collaborative research effort coordinated by the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF). In *The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being Study*, researchers used the Transitioning Veterans Survey to examine the well-being of almost 10,000 post 9/11 veterans during their military-to-civilian transition. Well-being was assessed in four domains: vocation, health, finances, and social relationships. The study was publicly and privately funded by organizations with a vested interest in successful veteran transitions. To inform the philanthropic funders, as well as policy leaders and providers of veteran programs and services, the data collected in the multi-year longitudinal study has been used by Penn State researchers to prepare the following recommendations for action.

### Points of Data Collection:

The data findings in the following recommendations are reported according to waves of data collection.

- Wave 1 - November 2016; ~ 3 months post-separation
- Wave 2 - May 2017; ~ 9 months post-separation
- Wave 3 - November 2017; ~ 15 months post-separation
- Wave 4 - May 2018; ~ 21 months post-separation
- Wave 5 - November 2018; ~ 27 months post-separation
- Wave 6 - May 2019; ~ 33 months post-separation



**RESULTS ARE BASED ON WEIGHTED DATA.**

*Penn State researchers independently continued the longitudinal study in 2020 through the Veterans Engaging in Transition Studies (VETS) Survey. The researchers continue to analyze data from the 7 waves.*

## Screen Veterans for Transition Risks

### Identify Inequities

**Screen for potential inequity factors (e.g., race/ethnicity, geographic relocation, junior enlisted pay grade) to provide targeted support for successful civilian reintegration.**

- White, non-Hispanic veterans had a higher percentage of utilization of VA home loans from Waves 1 (41%) to 6 (49%). Black, non-Hispanic and Hispanic veterans had lower utilization (30% at Wave 1 to 39% at Wave 6).
- 17% of the veterans reported living in a rural area (less than 2,500 people) and that number remained stable. Rurality has implications for job availability and access to services and supports.
- 28% ( $n = 2,704$ ) of the veterans were of junior enlisted paygrade (E1-E4), and the majority of these veterans were male (80%), White, non-Hispanic (56%), with high school or some college education (80%). This group reported:
  - high rates of probable anxiety, post traumatic stress disorder (PTSD), depression and/or self-harm (40%);
  - alcohol misuse across waves (33% in Wave 1 and 31% in Wave 6);
  - problematic financial status (33%) or at-risk financial status (44%);
  - social isolation (11% in Wave 1); and
  - unemployment (52% at Wave 1).



## Detect Moral injuries

Deploy and validate a universal screening tool that includes an assessment of both self- and other-directed moral injury among veterans. Moral Injury refers to impacts upon an individual's moral conscience as a result of events that a person may have perpetrated, failed to prevent, and/or witnessed that are in contrast to their deeply held beliefs or expectations.

- Moral injury is negatively associated with veterans' social well-being within the first 3 months of Service separation and over time.
- Higher other-directed moral injury leads to lower social well-being and declines in social functioning and satisfaction over time.
- Moral injury is related to depression, anxiety, and PTSD.



## Find Financial Threats

Assess veteran's financial status prior to military separation and provide supports to prevent and reduce financial problems.

- Veterans who had a problematic financial status at discharge were 2.8 times more likely to experience difficulty adjusting during their transition to civilian life in Wave 2, and this difficulty remained high though 2 years post-military separation.
- On average, 23% of the veterans reported having a problematic financial status (i.e., not being able to pay for all necessary expenses each month; contacted by a mortgage lender; contacted by a credit card company for failure to make payments; concerned they would lose their housing).



 *A higher percentage (35%) of the junior enlisted veterans (E1-4) reported problematic financial status at separation than higher ranking Service members.*

- 37% of the veterans were in an at-risk financial status category. They reported 'no' to the problematic financial debt items, but they reported not having 3 months of income set aside for unexpected financial events, not having money for retirement, and not having insurance coverage (e.g., disability, property, and/or life insurance).

 *A higher percentage (44%) of junior enlisted veterans (E1-4) reported at-risk financial status at separation than higher ranking Service members.*

## Assess Adversity

Include in a universal screening tool an assessment of Adverse Childhood Experiences (ACEs), which are traumatic experiences occurring in a person's life before the age of 18 years (e.g., physical abuse, emotional neglect, parental mental illness or substance use). ACEs are linked to threats to successful reintegration (e.g., mental health issues, anger/violence, substance misuse, and suicidal thinking).

- 33% of the female veterans and 18% of the male veterans were exposed to 3 or more ACEs.
- Female veterans exposed to 1 or 2 ACEs, but no warfare, were 2.6 times more likely to experience suicidal thinking.



*Female veterans exposed to 3 or more ACEs, but no warfare, were 3 times more likely to experience probable posttraumatic stress disorder (PTSD), 2 times more likely to experience anxiety, 2.5 times more likely to experience depression, 5 times more likely to experience suicidal thinking, and 2.5 times more likely to experience angry outbursts.*



- Male veterans exposed to 1 or 2 ACEs, but no warfare, were 2 times more likely to experience anxiety, 1.6 times more likely to experience depression, 2.4 times more likely to experience suicidal thinking, and 2.6 times more likely to experience angry outbursts.



*Male veterans exposed to 3 or more ACEs, but no warfare, were 2.7 times more likely to experience probable PTSD, 3 times more likely to experience anxiety, 3 times more likely to experience depression, 3 times more likely to experience suicidal thinking, and 2.6 times more likely to experience angry outbursts.*

## Prepare Veterans for Separation

### Communicate the Positives

**Advance a narrative through tailored communications, storytelling, and data visualizations to communicate that the majority of transitioning veterans are resilient and doing well during their civilian reintegration.**

- 43% of the veterans reported that they were NOT having difficulty adjusting to civilian life.
- 90% of the veterans indicated they were NOT socially isolated.
- Among veterans who were not full-time students, 56% were working full-time and 26% were looking for work in Wave 1. Forty-eight percent of the veterans found a full-time job in Wave 2, and approximately 70% of the veterans were working full-time by Wave 6 (3 years out).
- 27% of the veterans reported possessing high resilience.



### Unpack Underemployment

**Veterans' perceptions of underemployment are prevalent; enact a multi-pronged approach to enable veterans to translate their military skills into the civilian workplace and to promote awareness among employers about the skills sets and assets that veterans possess.**



- At 3 years post-separation, 61% of the veterans reported they should be in a better job given their skills, education, and/or leadership experience.
- 70% of the veterans who were of a minority race or ethnicity (e.g., Black, non-Hispanic) reported underemployment.
- Underemployment was reported by 63% of the veterans of enlisted paygrades (E1-E6) and half of the veterans of officer paygrades (O4-O7+).

### Equip for Education

**Many veterans choose to engage in educational pursuits early in their transition, but some are not completing their education. Educational institutions and other services can address the top two reasons veterans leave education or training: PTSD and financial problems.**

- 46% of the veterans attended an educational institution (part-time and/or full-time) in the first 3 years post-separation. Note that 60% of these veterans started within 3 months after discharge.
- About half of the veterans attending an educational institution completed their education.
- Veterans reporting problematic financial risk (i.e., being late for bills or having no savings) were 59% less likely to complete their education if pursuing a technical degree and 24% less likely to complete their education if pursuing a bachelor's degree.
- Veterans with PTSD symptoms were more likely to discontinue educational pursuits: technical training (90% more likely); associate degree (60% more likely); and bachelor's degree (80% more likely).



# Offer Post-Separation Supports

## Rally for Mental Resiliency

**Veterans often under-recognize their own mental health problems; destigmatize mental health care, help veterans reflect on their mental health needs, and encourage veterans to be receptive to connecting with needed mental health supports.**

- 40% of veterans reported meeting mental health criteria. Only one-quarter of the veterans who screened positive for a mental health problem reported that they had a mental health problem.
- Veterans with ongoing mental health problems were nearly 10 times more likely to have difficulty adjusting during their transition to civilian life.
- Only 8% or less of the veterans used any health programs, even when they screened positive for mental health problems.
- Veterans who used counseling services for mental health improved their depression symptoms in the following assessment across the 6 waves.



## Increase Social Supports

**Promote utilization of programs/services that increase social support and decrease social isolation for veterans; these efforts will require rigorous evaluation.**



- 9.6% of the veterans had no/little social support at Wave 1, and this was more likely for those with problematic financial status, traumatic brain injury (TBI), PTSD symptoms, or probable depression.
- Social domain programs were the least nominated type of programs across all waves.

## Counter Combat Impacts

**Offer veterans who have experienced or witnessed combat additional support to address the mental and emotional impacts.**

- The veterans exposed to warfare (i.e., combat patrols) were the most likely veterans to experience negative mental and emotional impacts.
- For those veterans exposed to warfare, the greater the number of reported ACEs, the greater the likelihood of negative mental health outcomes.
  - For veterans experiencing warfare and no ACEs, PTSD was 10.6 times more likely for females and 5 times more likely for males (compared to veterans with no combat or ACEs).
  - For veterans experiencing both warfare and 3 or more ACEs, PTSD was 6 times more likely for females and 10 times more likely for males (compared to veterans with no combat or ACEs).
- The female veterans who experienced warfare (3-5%), regardless of ACEs exposure, were between 8 to 9 times more likely to experience suicidal thinking (compared to veterans with no combat or ACEs).
- Male veterans were 2.3 to 4.5 times more likely to experience suicidal thinking (compared to veterans with no combat exposure or ACEs).



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