



The impact of a civic service program on biopsychosocial outcomes of post 9/11 U.S. military veterans



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ABSTRACT

Volunteering as a health promotion intervention, improves physical health, mental health, and social outcomes particularly in older adults, yet limited research exists for veterans. We conducted a preliminary study to explore whether volunteering impacts a variety of biopsychosocial outcomes, including symptoms of post-traumatic stress disorder (PTSD) and depression, among returning military veterans from Iraq and Afghanistan. A survey enrolling a prospective cohort of United States (U.S.) veterans who served in the military after 11 September 2001 and who participated in a national civic service program was conducted. A total of 346 veterans completed standardized health, mental health, and psychosocial self-report measures before and after the program. Statistically significant differences were detected in overall health rating, level of emotional difficulty, PTSD and depression symptoms, purpose in life, self-efficacy, social isolation, and the perceived availability of social support at program completion. Screening positive for probable PTSD predicted improved perceived self-efficacy while probable depression predicted a decrease in loneliness, an increase in purpose in life, and an increase in perceived social support, at program completion. Volunteering was associated with significant improvements in health, mental health and social outcomes in returning veterans.

1. Introduction

Among American military veterans of Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF), post-traumatic stress disorder (PTSD) and depression are common diagnoses (Vaughan et al., 2014). PTSD and depression are associated with increases in unhealthy behaviors (Tanielian and Jaycox, 2008), medical services use (Schnurr and Jankowski, 1999), and negative impacts on family and social functioning (Cohen et al., 2010; Tanielian and Jaycox, 2008). In addition to health concerns, veterans reintegrating into civilian life following deployment, disability, or completion of military service, potentially face numerous hurdles. These hurdles include personal, professional, and financial challenges such as changes in family roles, rebuilding social networks, and unemployment, which may exacerbate symptoms. Unfortunately, many veterans with mental health symptoms do not seek treatment. In a national survey of OEF/OIF veterans, almost half of those with a positive PTSD or depression screen reported no mental health care use within the prior year (Tanielian and Jaycox, 2008). Research on health care barriers and preferences of OEF/OIF

veterans with PTSD shows that negative treatment beliefs and stigma remain barriers to care. Alternatively, these same veterans express a desire for community services that are integrated, person-centered, and holistic (Crawford et al., 2015). These findings highlight that this generation of veterans may be interested in promoting health in new ways, more so than by engaging in traditional mental health care, to overcome challenges.

Volunteering has produced positive outcomes in civilians' mortality rates, mental health, and social outcomes (Jenkinson et al., 2013). In one study, 40% of American adults who volunteered in the past year showed improvements in well-being: happiness, life satisfaction, self-esteem, mastery, health, and depression (Thoits and Hewitt, 2001). In older adult studies, volunteers significantly reduced their depression and mortality rates (Lum and Lightfoot, 2005; Musick et al., 1999; Musick and Wilson, 2003) with concomitant increases in wellbeing with increased volunteering (Morrow-Howell et al., 2003). Given these findings (Cooperation for National and Community Service CNCS, 2007), it could be posited that individuals who are leaving the military due to disability or retirement, might also benefit. However, there is

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currently no research on the effects of volunteering as a health promotion intervention among veterans. To our knowledge, this is the first national study of formal volunteering among U.S. military veterans who previously served in Iraq and Afghanistan and who participated in a formal civic service program after completing their career in the military service.

1.1. Study aims

We undertook a preliminary study to explore the biopsychosocial outcomes of participation in a national civic service program on OEF/OIF veterans. Using the stress-diathesis model to guide our selection of measures (Zubin and Spring, 1977), biopsychosocial outcomes were defined as physical, mental, and psychosocial functioning. Civic service was defined as participation in a formal, structured, and stipended volunteer program (McBride and Sherraden, 2007). Based on the results of previous literature, we hypothesized that civic service would (1) increase self-reports of purpose in life, self-efficacy, and social support, and (2) decrease reports of social isolation and loneliness, emotional health difficulties, and depressive symptoms among participants. However, given the complex psychosocial and health issues facing returning veterans and that PTSD and depression are characterized by avoidance and dysphoria, we proposed that civic service would not impact reports of overall health, physical health difficulties, or PTSD symptoms. With regard to the complexity of health issues and PTSD, we note that returning veterans have varying degrees of co-occurring conditions, polytrauma, and chronic illnesses that may require ongoing surgery, rehabilitation, and therapy to resolve. Consequently, we proposed that overall health, physical health difficulties, and PTSD might remain unchanged without specifically targeted health and mental health interventions. However, with depression, the behavioral activation of going to volunteer each week with specific tasks and a purpose to contribute to the organization might naturally alleviate some of the dysphoric symptoms. Finally, we explored whether experiencing symptoms of PTSD and depression would impact the ability of participants to benefit from civic service in terms of purpose in life, self-efficacy, social support, and social isolation and loneliness. Due to the dearth of literature on the effects of these diagnoses on civic service, no a priori hypotheses were developed.

2. Methods

2.1. Study design and intervention

Using an observational cohort design, we evaluated the impact of a civic service program administered by The Mission Continues, a national nonprofit organization in the U.S. The health promotion intervention evaluated in this study, the Fellowship Program, involved adults who previously served in the U.S. military after September 11, 2001 (subsequently referred to as post-9/11/01-era veterans) who volunteered for 20 h per week for 26 weeks at a local nonprofit organization in their hometown. Civic service is a rather unusual volunteering experience which McBride and Sherraden (2007) defined as a specific type of formal volunteering with an organization that typically provides an orientation, a stipend to offset living expenses, and a well-defined role and duration for the volunteering time. This is differentiated from less structured and occasional volunteering such as helping out at church or collecting food, thereby inferring greater intensity, duration, frequency, and accountability in the particular volunteer role and achievement of specific civic service related goals for the individual volunteer and the organization.

A detailed description of the measures, orientation and curriculum is found elsewhere (Matthieu, 2016; Matthieu et al., *in press*), therefore a brief overview is provided here. The Fellowship Program begins with veterans completing leadership, networking, goal-setting, and autobio-

graphical writing exercises (i.e., describe existing military service skills and apply to future service, education, or employment goals) for professional development during orientation. Following this orientation, a goal-setting curriculum is completed throughout the duration of the fellowship with peer mentorship from a member of The Mission Continues staff which coincides with the veterans' civic service at a non-profit organization. Ethical approval was obtained from Saint Louis University's Institutional Review Board.

2.2. Participants and procedures

Agency staff recruited prospective participants for the civic service program in person, over the phone, and via the internet. Staff also collected eligibility information from prospective participants using intake forms. In order to be considered for the program, veterans must have served for a minimum of two years in the U.S. military after September 11, 2001, although exceptions were made for veterans who served less than two years due to a medical discharge. Veterans are also expected to have an honorable discharge and a clean criminal record. However, the agency recognized that struggling with the transition to civilian life can coincide with substance abuse or becoming involved with the criminal justice system, and veterans with criminal records or other discharge status were considered on a case-by-case basis. Admitted veterans were asked to complete web-based surveys (i.e., within one week of program start and at the completion of the program). Data were collected by the agency and de-identified to the researchers.

Measures, described below, were not collected on those individuals who declined to participate, were not admitted to the program due to military service completion before September 11, 2001, had a criminal record or dishonorable discharge, and/or chose not to complete the program. The study sample was comprised of Fellowship Program completers between February 2011 and March 2014 who provided both surveys, before and after completion of the program (N=346).

2.3. Measures

All measures were administered before and after the civic service program with the exception of demographics and Traumatic Brain Injury (TBI), which were obtained only at the start of the program. Two single categorical items were included to assess history of TBI and mental health treatment exposure: "Have you ever been diagnosed with or treated for a Traumatic Brain Injury (TBI)?" (yes/no) and "Are you currently seeking professional help for emotional problems (such as feeling depressed or anxious)?" (yes/no).

2.3.1. Health

Perceived overall health was assessed using a standard military service personnel screening tool, the Post Deployment Health Re-Assessment (PDHRA) (Department of Defense, 2008): "Overall, how would you rate your health during the past month?" Responses were scored 1= *Excellent*, 2= *Very Good*, 3= *Good*, 4= *Fair*, and 5= *Poor*. Perceived physical and emotional health difficulties were also assessed with the PDHRA (Department of Defense, 2008), "During the past month, how difficult have physical health problems (illness and injury) made it for you to do your work or other regular daily activities?" and "During the past month, how difficult have emotional problems (feeling depressed or anxious) made it for you to do your work, take care of things at home, or get along with other people?" Responses were scored 1= *Not difficult at all*, 2= *Somewhat difficult*, 3= *Very difficult*, and 4= *Extremely difficult*.

2.3.2. Mental health

The Primary Care PTSD Screen (PC-PTSD) (Prins et al., 2003) is a 4-item screening measure assessing the presence of the Diagnostic and Statistical Manual, IV-TR (APA, 2000) PTSD symptoms in the past

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