

Veteran Reintegration Program

Analytic Report July 14, 2021



Veterans Reintegration Survey Results on Healthcare Utilization: Determinants of Physical and Mental Healthcare Utilization

About the Series

The Veterans' Reintegration Survey (VRS) explored veterans' general experiences as they transition from military service due to the ongoing conflict that began in 2014. The topical areas in the VRS include veterans' reintegration experiences, healthcare, employment, well-being, and sociopolitical perspectives.

This report focuses on veterans' utilization of physical and mental healthcare services after their period of service.¹

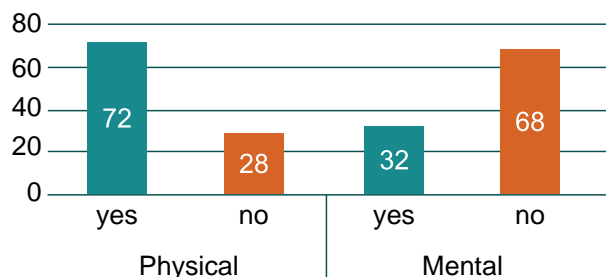
Key takeaways:

- Combat experiences and combatant assignments may affect veterans' use of mental healthcare.
- Female veterans are more likely to seek mental healthcare services if needed.

Policy Recommendations

- Promote and encourage veterans to seek mental healthcare. Support normalization of psychological assistance.
- Strengthen the capacity of medical professionals to develop and treat combat-related injuries, with special attention to the associated trauma and potential implications in the future.
- Create a database of each veteran's medical issues a few months before demobilization in order to monitor their health and develop better responses to their health issues.

Figure 1: Percentage Distribution of Veterans Who Accessed Physical or Mental Healthcare Services, (%)



Physical Healthcare

- Most veterans (72%) sought physical care after their service (Figure 1). This suggests that veterans' access to, and utilization of, physical healthcare services is not constrained. Moreover, 71% of veterans were

physically injured or acquired a disease due to the conflict, and 64% of active-duty veterans sought healthcare services compared to 74% of veterans not on active duty.

- Male and female veterans' utilization of physical healthcare services is similar: 72% of male veterans and 70% of female veterans sought physical healthcare services.

¹ Given that veterans were sampled using the snowball approach, the sample of veterans is likely better connected to the NGOs and other veterans than the overall veteran population, which may skew some of the results of the survey.

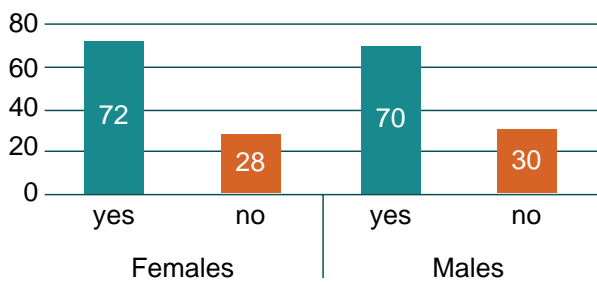
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es (see Figure 2). In the general population, however, women seek medical care significantly more than do men (62% and 46%, respectively, in the last 12 months).

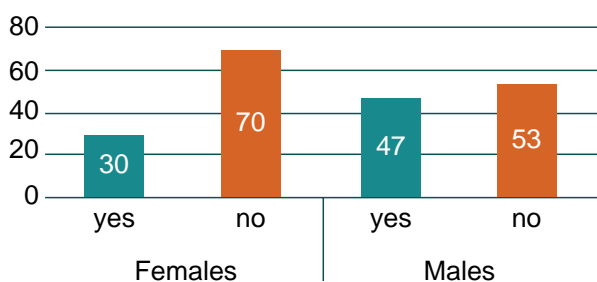
Figure 2: Percentage Distribution of Veterans by Sex Who Sought Physical Healthcare Services, (%)



Mental Healthcare

- Figure 1 shows that mental healthcare utilization is the opposite of physical healthcare access among veterans. Only 32% of veterans sought mental healthcare services. Among veterans who were in active duty, 23% sought mental healthcare compared to 33% not in active duty. However, the share of veterans who sought mental healthcare was higher compared to the general population, where only 5% stated seeking services over the last 12 months.
- There are also differences in mental healthcare utilization among male and female veterans. Only 30% of male veterans sought mental healthcare services, while 47% of female veterans sought mental healthcare ser-

Figure 3: Percentage Distribution of Veterans by Sex Who Sought Mental Healthcare Services, (%)



vices (see Figure 3). In the general population, 7% of women sought mental healthcare services compared to 4% of men over the last 12 months.

The differences among veterans seeking physical healthcare (72%) compared to mental healthcare (32%) (Figure 1) suggest that the former is a greater healthcare issue or is better addressed among veterans. But Figure 2 suggests that this might not be the case for female veterans. The differing results between (1) physical and mental healthcare access and (2) male and female veterans' utilization of mental healthcare point to possible factors driving veterans' decisions. Therefore, we conducted additional analyses of the VRS data to identify the determinants of physical and mental healthcare services utilization among veterans.² We consider this an important inquiry for two reasons. First, exploring the possible reasons why veterans make the healthcare utilization decisions we observed will provide stakeholders with a more meaningful understanding of general health conditions among veterans beyond what a typical descriptive analysis can provide. Second, given that Phase II of the Veterans Reintegration Program will involve the design and implementation of appropriate health services, it is crucial that we understand underlying causes in order to develop approaches that are actually responsive to veterans' needs and meet the goal of bringing "insight to action."

Other determinants of physical healthcare utilization

Our analyses showed the following statistically significant determinants for both physical and mental healthcare utilization:

² We applied Logit regressions to test the effects of individual and intervening variables on physical and mental healthcare utilization. We can provide a full report on the design.

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- **Self-assessment of health.** Veterans who had a lower self-assessment of their health conditions were more likely to utilize healthcare services. Specifically, for every 1-unit decrease in a 10-point health self-assessment scale in the VRS, veterans were 36.5% more likely to seek physical healthcare services and 36% more likely to seek mental healthcare services, holding all other factors constant (see Figure 4).
- **Combat experience.** Veterans with actual combat experience from the conflict were 58% more likely to seek physical healthcare services and 64% more likely to seek mental healthcare services, holding all other factors constant (see Figure 5).

Other determinants of physical healthcare

Our analyses, presented in Figure 6, show the following as statistically significant determinants of veterans' utilization of physical healthcare services:

- **Age.** Holding all other factors constant, every one-year increase in the age of veterans in the VRS increased the likelihood of seeking physical healthcare services by 2%.
- **Education.** More educated veterans (i.e., more completed levels of schooling) were 12% more likely to utilize healthcare services, holding all other factors constant.
- **Other determinants of mental healthcare.** Figure 7 shows that the following variables are also statistically significant determinants of seeking mental healthcare services:
 - **Urban location.** Veterans in urban locations were 37% more likely to seek mental healthcare conditions than veter-

Figure 4: Increase in Likelihood Veterans with Lower Self-Assessed Health Conditions Will Seek Healthcare (vs. Veterans with Higher Self-Assessed Conditions), (%)



Figure 5: Increase in Likelihood Veterans with Combat Experience Will Seek Healthcare (vs. Veterans without Combat Experience), (%)

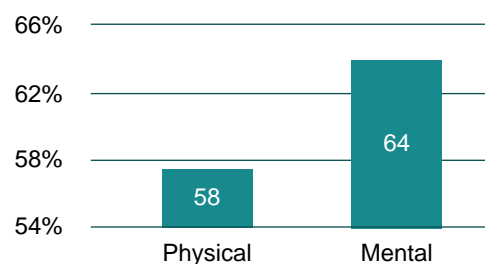


Figure 6: Other Factors that Increase the Likelihood a Veteran will Seek Physical Healthcare Services, (%)

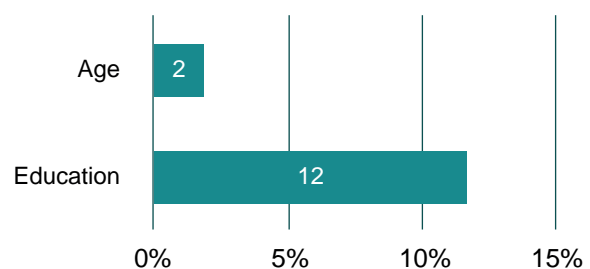
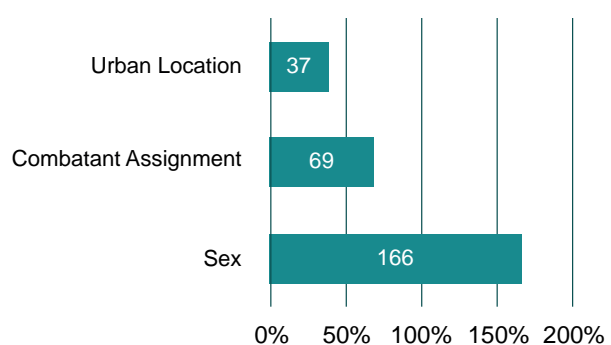


Figure 7: Other Factors that Increase the Likelihood a Veteran will Seek Mental Healthcare Services, (%)



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ans in nonurban areas, holding all other factors constant. This outcome likely correlates with the greater availability of health facilities in urban areas and thus the willingness of veterans to access services, rather than a greater awareness of mental health issues among urban veterans.

- **Combatant assignment.** Veterans who had combatant positions were 69% more likely to seek mental healthcare services compared to veterans who did not receive combatant assignments, holding all other factors constant. The Anti-Terrorism Operation/Joint Forces Operation (ATO/JFO) assigned enlisted personnel to either combat or noncombat positions. This is different from the *combat experience* variable, which refers to veterans who had actual combat experience (regardless of their assignment).
- **Sex.** Female veterans were 166% or 1.66 times more likely to seek mental healthcare services than male veterans, holding all other factors constant.

Attitudes Toward Mental Health Service Provision

According to the VRS results, only 34% of veterans felt that they needed to receive psychological support. This figure stands in sharp contrast with the percentage of veterans (78%) who believe that their fellow veterans need such help. These data suggest there is a broad understanding that psychological support can be beneficial; however, only one third of veterans see utility of such support for themselves. Looking at the source of the mental health support — family vs. professionals — veterans clearly expressed their preference for professional help. Specifically, nearly half of veterans (46%) chose professionals as the go-to re-

source if they needed support to address their mental health problems. A significantly lower percentage of veterans (37%) indicated that they would go to their family and friends instead. A much smaller group (12%) of veterans believed that people could always resolve their mental health problems on their own, and even a smaller group (5%) did not know or refused to answer this question.

The VRS findings also demonstrate that more than a third of the surveyed veterans (40%) received psychological help, and most of the veterans (67%) who benefited from such services stated that the psychological care they received was somewhat or very good. Only 9% of veterans reported that the care they received was somewhat or very bad care. The most cited reason for the latter was the level of professionalism of the mental health specialists (62%). At the same time, the level of trust toward the mental health professionals among veterans is relatively high. Only 11% of the surveyed veterans distrusted the mental health professionals while 47% of veterans rated them as trustworthy and 27% were neutral in their feedback.

When asked about the kind of the mental health services that veterans would be interested in receiving, most respondents chose one-on-one counseling with a psychologist (31%). Other services included one-on-one counseling with veteran therapists/social workers (24%), veteran discussion/self-help groups (24%), family counseling with a psychologist (18%), and stress management courses (17%). Group counseling with a psychologist, one-on-one counseling with social workers, and psychiatric support, including prescribed medication, were the least popular options at 9%, 7% and 6%, respectively.

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Policy and Programming Implications

The VRS findings on physical and mental healthcare utilization point to the need to explore the following areas for policy and programming purposes:

Promote normalization of seeking mental health support

According to the VRS, more than half of veterans did not believe in the value of professional mental health support. Both among veterans and the general population, seeking professional psychological support is not well accepted, as confirmed by the study results. This complex problem can only be solved with the cooperation of all stakeholders (i.e., the Ministry of Veterans Affairs, Ministry of Social Policy, and Ministry of Health). We recommend that these ministries develop and launch national campaigns that would promote mental health awareness and encourage seeking assistance when needed. The higher percentage of female veterans who sought mental health support, as compared to men, indicates the women's openness to such services. The informational campaigns and programming could leverage this by recruiting female veterans to promote acceptance of mental health services among the veteran community. Additionally, educated veterans are more likely to utilize healthcare services, so this is another group that could help to promote psychological services.

Mental health professionals often point to the lack of appropriate protocols, standards, and quality control of mental health tailored to veterans' needs in Ukraine. Building capacity through education, training, and hiring professionals would improve mental health services for veterans. The IREX team, in partnership

BOX 1: "There are a lot of prejudices. Veterans won't go to the polyclinic to receive psychological support. Because many think that if you go to psychologist you're insane/mental patient." (*FGD10, male veteran*).

BOX 2: "Before 2013 I thought that psychologists were unnecessary... The conflict brought me back to my previous profession. These were really bright moments. In fact, I see that, this profession is in demand it is needed and very important." (*FGD11, female veteran and volunteer*).

with the Veteran Hub, is working to ensure the translation, review, and publication of international psychological care protocols. State agencies could use these protocols to scale up the efforts of nongovernmental organizations (NGOs), in order to share the protocols with state hospitals, which would in turn disseminate them to their mental health specialists. At the same time, certification and monitoring of quality system provision should be mandated by legislation. Currently, no such legislation exists. The Ministry of Veterans Affairs (MoVA) and the Ministry of Health should develop new state policies and amend legislation to establish a system of certification among mental health providers that support veterans.

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The legislation would ensure more qualified staff and better service provision.

Furthermore, considering that some veterans indicated that they would like to change careers, the opportunities of education and training should be communicated to veterans who may want to further advance their studies and profession as mental health specialists and social workers.

Strengthen the capacity of medical professionals

According to the VRS results, 71% of veterans were physically injured or acquired a disease due to the conflict, and veterans with actual combat experience from the conflict were 58% more likely to seek physical healthcare services. Treatment of combat-related injuries requires special attention, given the associated trauma and potential implications for the future. It is vital to distinguish between veteran patients and general population when providing treatment, and veterans should be monitored for potential complications in the future. Therefore, in partnership with MoVA, both state and private healthcare providers should pay special attention to veterans and create a monitoring system to check their health status over the period of time. Data might be included as a separate module to a veteran electronic registry (e-registry) to follow the progress of healing from injuries and the consequences of traumas. Developing protocols and guidelines for medical profession-

als on how to examine and treat combat-related injuries would be highly beneficial. The government institutions could borrow and build on existing work and examples from NGOs that currently work in this regard. For example, within the framework of the Veterans Reintegration Program, IREX is working toward raising the awareness of medical professionals about combat injuries and their consequences and is creating a uniform training program for healthcare workers, including those from state hospitals, about the consequences of the most common combat-related injuries and illnesses in the day-to-day lives of veterans. MoVA and the Ministry of Health should build on existing resources and successful experiences of NGOs to scale up these activities across the country and provide training to all healthcare professionals who treat veterans, as well tap in existing partners.

Create a database of veterans' medical issues before demobilization for monitoring and developing healthcare programs. For optimal medical treatment, professionals should be able to access information about veterans' health conditions at least two to three months before the demobilization. Such information would enable medical professionals to classify the types of injuries and the needs of veterans. Thus, they could assess the capacity needed to provide appropriate services. This information could also lead to the creation of special programs, communicating the needs to the state program, budgeting, and making strategic decisions.