Understanding the Needs of Young Adult Veterans for Supported Education

Presented at:
US Psychiatric Rehabilitation Association Annual Conference
Boston, MA June, 2011

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Acknowledgements

This research was funded by the:

Veterans Health Administration, Health Services Research and Development, Mental Health Quality Enhancement Research Initiative.

This research is conducted under the auspices of the:

National Center for Homelessness Among Veterans,

Center for Health Quality and Economics Research, (CHQOER)

VISN1 Mental Illness Research Education and Clinical Center (MIRECC)

ENRM Veterans Affairs Medical Center (VAMC), Bedford MA

The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

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Background

- There is an influx of young adult veterans with PTSD and other mental illnesses returning from Iraq and Afghanistan wars (OIF/OEF).
- Recent legislation (Post 9/11 G.I. Bill) has expanded education benefits for Veterans. Many Veterans have goals to use the GI Bill advance their education.
- Many Veterans have great difficulty getting into and staying in school due to psychiatric disability and reintegration challenges.

Background

- Civilian models of supported education are available that can be used to design services to assist these veterans to achieve education goals

- However, there is no empirical study of the needs of these veterans for a supported education service, to guide the design of such a service

Study Goal

To conduct a needs assessment for supported education services for young adult veterans with PTSD returning from recent wars (OIF/OEF)

Research Methods

Two sources of data:

Focus groups with 31 OIF/OEF Veterans with PTSD

Key informant interviews with: VA administrators and researchers, and with state and community representatives of veterans services

Participatory Action Research Team composed of Veterans, Educators, and Clinicians to guide all aspects of research

Qualitative analysis: Open coding with three coders reaching consensus. Saturation of content at 22 codes. Grouping into axial categories. Contrasted age group differences.

Results - Demographics

Veteran Focus Group Demographics by Age Group (Total N=31)

		Under age 30(*n=17)*	Over age 30 (*n=14)*
Gender			
	Male	88% (*n*=15)	100% (*n*=14)
Race			
	White	82% (*n*=14) 7	9% (*n*=11)
	African Am.	6% (*n*=1)	14% (*n*=2)
	Other	12% (*n*=2)	7% (*n*=1)
Hispanic Ethnicity			
	Yes	12% (*n*=2)	14% (*n*=2)
Marital Status			
	Single	64% (n=11)	29% (*n*=4)
	Married	12% (*n*=2)	36% (*n*=5)
	Divorced/Separated	24% (*n*=4)	36% (*n*=5)

Results - Demographics

	Under age 30(*n=17*)	Over age 30 (*n=14*)
Educational Attainment		
High School	47% (*n*=8)	36% (*n*=5)
Some College	35% (*n*=6)	36% (*n*=5)
Associate or College Deg.	18% (*n*=3)	29% (*n*=4)
Currently Enrolled in School		
Yes	23% (*n*=4)	29% (*n*=4)
Branch of Service		
Army/Marines/Air Force	76% (*n*=13)	24% (*n*=4)
National Guard/Other	86% (*n*=12)	14% (*n*=2)
Physician PTSD Diagnosis		
Yes	47% (*n*=8)	41% (*n*=7)
No	2% (*n*=2)	72% (*n*=10)
Missing	21% (*n*=3)	7% (*n*=1)

Results – Axial Categories

Axial Categories:

1) Barriers to educational attainment

2) Recommendations for Supported Education services

3) Other needs related to educational support

Results- Barriers

Thinking about going to school and getting into school (an inclusion criteria for the study)

- Planning for school
- Meeting the demands of an academic environment
- Initial assessments for academic readiness
- Academic counseling needed

"Let's face it, many of these guys went into the service because they were no good at school." (1)

Results- Barriers

GI Bill Education benefits and VA Benefits counseling

- Confusion about available benefits with differing criteria
- No benefits counseling available
- No easy portal for information
- Limitations regarding course load, stipends for housing, books

Results - Barriers

Challenging context of re-integration into civilian life

- Unstable living conditions
- Disintegrating family support
- Urgent clinical needs such as addiction relapses, physical injury and disability
- An adjustment process to civilian life that can be long and overwhelming
- No prior independent living skills, there was no “basic training” for getting back to civilian life.

“I know four Vets, they just got into school and couldn't handle it, and ended up in a major depression because they dropped out of school and had no support. And here they are back, needing to go back inpatient because they got so overwhelmed at school they couldn't handle it and had no one to talk to. .. a lot of these Vets end up either hitting the bottle or drugs or whatever the case may be and they end up here [hospital inpatient services]”. (2)

Results – Barriers, PTSD

Impact of PTSD on Educational Attainment

-Overwhelming anxiety resulting sometimes in substance use

> "I couldn't be in some classrooms. It was too hard being around some people … I dropped out because it was too much anxiety, especially during tests - because I was already stressed out, then I'd have added stress, and I wouldn't have enough time to finish what I was doing. I figured I can't do this [school] so I'd stop." (3)

-Impairments in memory and concentration

-Need for accommodations such as recording classes, isolated test taking, or extensions of time for assignments.

> "For me, you know, my mind don't work normal anymore, it's hard for me to live in a normal situation. I always need more time because my brain works slower. In the normal case scenario, say, well, you got a term a paper due Friday and you just learned about it on Monday. It's gonna take a couple of weeks for me to get that done because, you know, my brain don't function fast anymore." (4)

Age Appropriate Services

Results - Recommendations

Age appropriate outreach and services

- Existing VA services were not age appropriate, hard to relate to clinical groups composed of Veterans who were old enough “to be their fathers”
- Younger Veterans preferred contact with Veterans of similar age or at least of similar OIF/OEF experience.
- Successful outreach activities for these younger Veterans would include visits to gathering places normal for this age group such as ‘tattoo parlors and hockey games.’

“I had gone to a couple of Vietnam veteran groups and I’m like ‘Oh my God.’ Big room. Big people. Big and loud. I didn’t just go once and get a lousy opinion of it and not come back. I went a few times and it was - it was tough.” (5)

Peer Support

Results - Recommendations

Peer Support

-Veterans need to hear about and get help from other veterans.

-Peer support "takes the 'you don't know what I've been through' right off the table"

-Veterans turn to each other for information through word of mouth.

-There is an immediate extension of trust between veterans who may not know each other but who have both been in combat situations

-Veterans expressed an interest in having other veterans provide counseling and supported education

"when I first came to the VA I had serious problems, I was thinking, there's no help here, until a peer said they had the same problems. That was the first time I thought, well, there might be something to this … We went to hockey games and its comfortable because you're around people like yourself so if you have anything going on, there's support right there. It would be nice if there was someone that went through the college experience and they can say, 'here's a bunch of information, this is what I had to do, this is what I went through, and this is how I got past that'. Peer support is just huge because they understand… It would help a lot to make veterans feel more comfortable and more willing to go through school…." (6)

Veteran-Determined Service Intensity

VS

Results - Recommendations

Veteran-driven intensity of services including one to one assistance

- Veterans described different levels of service needs.
- Some desired autonomy in the process of preparing for and going back to school.
- Other veterans were looking for more active and intensive assistance with entering and being successful in college.

"Having someone who is going to mentor you, someone who is going to say: 'okay, these are the courses you're going to take, this is what you've got to be prepared for". Someone who is going to have all your information and set it out for you and help you plan, I think is something that is really needed. … This way you're not going into something and you have no idea what to expect." (7)

Integrated Team

Results - Recommendations

Supported Education integration with clinical team and VA clinical programs

-VA educational services need to be connected with their clinical services, due to the complexity of their various needs

"Well, you would need like an integrated team for this. You would need someone to help with going back to school…you would need someone to help with the case management. You need someone to help if someone's in therapy. You need all these things. These are the things we have, we're faced with. We're in therapy, we're in doctors' appointments. It's not going to be an easy fix, but we need something like that, where it was all put together." (8)

Results – Other Needs

Loss of social networks

-Younger veterans had trouble “fitting in” with prior social networks. Several noted the loss of family support including divorce. The military has become their new family.

“Someone who just came back, that has enough problems to readjust, hasn't been able to fit in with his friends, his family, nothing, and is faced with all this stuff and making these decisions....it's - forget about it, it's way too much.” (9)

“That's why my wife divorced me, was my PTSD. …I've pretty much abandoned my family. I don't consider them family. My family is my veteran friends and my friends that I was actually in combat with. They're friends, my family for life.” (10)

Military vs. Civilian Life

Results – Other Needs

Adjusting from military to civilian culture

- Military life fostered a kind of dependency where you were not encouraged to ask questions and you could rely on commanding officers to be told what to do
- Civilian life in contrast was less structured, and relied more on personal persistence to get information and make decisions
- Young adult Veterans described a difficult adjustment to the myriad of choices facing civilians, and frustration at not having simple and clear information on which to base decisions

  "I mean we used to be told to go here, there, and everywhere, but if you don't know really what you're looking for, it's kind of hard to find it. .. (In the military) there was always a commanding office to tell you what to do and how to do it." (11)

Access to Clinical Services

Results – Other Needs

Need for outreach and support to access and use clinical services

Veterans were unaware of the clinical supports that were available to them, that they didn't know where to go for help, or that when such information was given they were not ready or able to hear it. Many spoke of "finding the VA" after crises and homelessness.

They also spoke about how current military procedures to identify veterans who need help, would backfire such as when screenings were held at the point of demobilization, when Veterans were simply seeking the fastest way home.

One barrier is the substantial amount of documentation and paperwork encountered when accessing services. For these Vets with PTSD the smallest barrier or setback could elicit a response of "I'm out of here."

Conclusions

A VA Supported Education Service

- A new supported education program cannot be delivered in a vacuum. Other pressing life needs including clinical issues, housing, income need to be addressed
- Peer support is an essential ingredient
- Existing models that combine case management and peer support service can serve as a model for a new supported education service design
- Novel approaches are needed between the VA, colleges and schools, and civilian rehabilitation systems to work in a coordinated fashion and assist with re-integration, and to provide a system that successfully supports veterans' education goals.

Conclusions

- Veterans were facing an extraordinarily difficult readjustment process compounded with PTSD and other conditions
- Young adult veterans were navigating very large systems with very little information, support or guidance
- Like other young adults with serious mental health conditions, young veterans are dealing with “transition” to independent living as mature adults
- Like other young adults with serious mental health conditions, young veterans had difficulties with engaging with mental health services designed for, and populated by, much older adults