Economic Consequences of Mental Illness Among Military Personnel and Veterans
UTARNG screening positive for PTSD or depression report significantly worse economic indicators

<table>
<thead>
<tr>
<th></th>
<th>No PTSD</th>
<th>PTSD</th>
<th>No Depression</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total household income &gt;$50,000</td>
<td>79.3%</td>
<td>69.0%</td>
<td>74.5%</td>
<td>60.2%</td>
</tr>
<tr>
<td>Recent decrease in income</td>
<td>16.9%</td>
<td>25.8%</td>
<td>16.4%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Loan default or foreclosure</td>
<td>1.7%</td>
<td>10.8%</td>
<td>1.7%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Credit problems</td>
<td>7.8%</td>
<td>19.0%</td>
<td>9.0%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Difficulty making ends meet</td>
<td>27.1%</td>
<td>41.6%</td>
<td>29.8%</td>
<td>60.6%</td>
</tr>
<tr>
<td>Worked &gt;41 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In 2008 study commissioned by the federal government, RAND Corporation conducted an microsimulation model and cost-of-illness analysis to quantify the economic consequences of mental health and cognitive conditions among military personnel and veterans.

Study focused on PTSD and major depression.

Study included costs associated with:
- Mental health treatment
- Suicide
- Reduced productivity

Included costs to following agencies/groups:
- Government agencies
- Service members
- Families
- Employers
- Private health insurers
- Taxpayers
### Estimated Economic Cost of Mental Illness Among Utah Veterans

<table>
<thead>
<tr>
<th>Condition</th>
<th>RAND Annual Estimate per Case</th>
<th>Utah Estimated %</th>
<th>Utah Annual Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD, no care</td>
<td>$5,993</td>
<td>10%</td>
<td>$89,895,000</td>
</tr>
<tr>
<td>PTSD, usual care</td>
<td>$6,968</td>
<td>10%</td>
<td>$104,512,500</td>
</tr>
<tr>
<td>PTSD, evidence-based care</td>
<td>$3,967</td>
<td>10%</td>
<td>$59,497,500</td>
</tr>
<tr>
<td>Depression, no care</td>
<td>$15,848</td>
<td>15%</td>
<td>$199,562,500</td>
</tr>
</tbody>
</table>

Estimated Economic Costs Associated with Different Treatments, Adjusted for Utah

<table>
<thead>
<tr>
<th></th>
<th>No Care</th>
<th>Usual Care</th>
<th>Evidence Based Care</th>
<th>Usual vs. No Care</th>
<th>Evidence Based vs. No Care</th>
<th>Evidence Based vs. Usual Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>$89,895,000</td>
<td>$104,512,500</td>
<td>$59,497,500</td>
<td>$14,617,500</td>
<td>$(30,397,500)</td>
<td>$(45,015,000)</td>
</tr>
<tr>
<td>Depression</td>
<td>$199,642,500</td>
<td>$161,505,000</td>
<td>$153,461,250</td>
<td>$38,137,500</td>
<td>$(46,181,250)</td>
<td>$(8,043,750)</td>
</tr>
<tr>
<td>PTSD &amp; Depression</td>
<td>$237,712,500</td>
<td>$137,242,500</td>
<td>$78,225,000</td>
<td>$(100,470,000)</td>
<td>$(159,487,500)</td>
<td>$(59,017,500)</td>
</tr>
</tbody>
</table>

- Usual care costs more than no care for veterans with PTSD.
- Usual care costs less than no care for veterans with depression and veterans with both depression and PTSD.
- Evidence based care costs less than usual care or no care for all conditions.

Conclusions

• From a societal perspective, evidence-based treatment would pay for itself within two years, largely through increased productivity

• Because RAND did not consider costs related to homelessness, domestic violence, family strain, and several other consequences of mental health conditions, the true value of providing evidence-based treatment may be larger than estimated

• Economic benefit entail two components: (1) increased utilization/access to care and (2) improved quality of care/implementation of evidence-based treatment
  – Increased access leads to overall cost savings regardless of mental health condition
  – Evidence-based care provides additional economic impact

• Conclusion: If initiating programs aimed at enhancing utilization/access to care, they should entail evidence-based treatments to obtain greater cost benefits
Improving Access to Care & Quality of Care
Military Peer Support Programs

• Military personnel and veterans are 3x more likely to ask for help from a fellow service member or veteran than a mental health professional.

• Peer support programs have been shown to reduce stigma and increase service utilization among military personnel and veterans, but are not associated with improved mental health outcomes.
  – Referring military personnel and veterans to inadequate services is not helpful.

• Improving access is unlikely to improve outcomes if the care received is ineffective.

SOURCE: Valenstein et al. (2013)
Cost Projections: Utah Comrades

Program: Utah Comrades Peer Support

Program Cost: $350,000-$370,000 per year

Functions: Identifies and supports evidence-based care and services
Helps military and veterans connect with effective services

Barriers: Inadequate number of service providers using evidence-based practices
Cost Projections: Basic Clinician Training

Program: Mental Health Clinician Trainings (Basic Level)

Program Cost: $17,500 per workshop (50 MH clinicians per 2-day workshop)

Functions: Introduce Utah MH clinicians to evidence-based treatments
Identify MH clinicians amenable to evidence-based care

Barriers: Approx. 10 clinicians trained to yield 1 evidence-based care provider
Workshops alone are inadequate; ongoing consultation needed
Cost Projections: Advanced Clinician Training

Program: NCVS Clinical Services & Training Center

Program Cost: $730,000-$770,000 per year

Functions: Provide evidence-based treatments to Utah military personnel & veterans
Train current and future MH clinicians in evidence-based treatments
Refine and improve existing treatments

Barriers: Integration into current academic training programs
Distribution of trained clinicians across geographic regions