



Economic Consequences of Mental Illness
Among Military Personnel and Veterans

UTARNG screening positive for PTSD or depression report significantly worse economic indicators

	No PTSD	PTSD		No Depression	Depression
Total household income >\$50,000	79.3%	69.0%		74.5%	60.2%
Recent decrease in income	16.9%	25.8%		16.4%	27.3%
Loan default or foreclosure	1.7%	10.8%		1.7%	12.2%
Credit problems	7.8%	19.0%		9.0%	29.3%
Difficulty making ends meet	27.1%	41.6%		29.8%	60.6%
Worked >41 weeks					

- 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

	RAND Annual Estimate per Case	Utah Estimated %	Utah Annual Estimated Cost
PTSD, no care	\$5,993	10%	\$89,895,000
PTSD, usual care	\$6,968	10%	\$104,512,500
PTSD, evidence-based care	\$3,967	10%	\$59,497,500
Depression, no care	\$15,848	15%	\$199,642,500

SOURCE: Tanielian T, Jaycox LH. Invisible Wounds of War. Santa

Estimated Economic Costs Associated with Different Treatments, Adjusted for Utah

	No Care	Usual Care	Evidence Based Care	Usual vs. No Care	Evidence Based vs. No Care	Evidence Based vs. Usual Care
PTSD	\$ 89,895,000	\$ 104,512,500	\$ 59,497,500	\$ 14,617,500	\$ (30,397,500)	\$ (45,015,000)
• Usual care costs more than no care for veterans with PTSD						
Depression	\$ 199,642,500	\$ 161,505,000	\$ 153,461,250	\$ (38,137,500)	\$ (46,181,250)	\$ (8,043,750)
• Usual care costs less than no care for veterans with depression and veterans with PTSD						
• Evidence based care costs less than usual care or no care for all conditions						
PTSD & Depression	\$ 237,712,500	\$ 137,242,500	\$ 78,225,000	\$ (100,470,000)	\$ (159,487,500)	\$ (59,017,500)

SOURCE: Tanielian T, Jaycox LH. Invisible Wounds of War. Santa

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.

NATIONAL CENTER FOR VETERANS STUDIES



TRANSITION TO SUCCESS

EMPLOYABILITY | EXPERIENCE | ENRICHMENT

PEER TO PEER UTAH COMRADES

MENTAL HEALTH

EDUCATIONAL RESOURCES

FINANCIAL RESOURCES

EMPLOYMENT RESOURCES

FAMILY RESOURCES

HOUSING/HOMELESSNESS
PREVENTION

LEGAL RESOURCES

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