ABSTRACT

SUBSTANCE ABUSE, SMOKING, AND DEPRESSION AMONG MILITARY VETERANS

By

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The purpose of this study was to analyze the correlation between depression, alcohol use, and drug abuse among military veterans. The researcher examined secondary data from the California Health Interview Survey (CHIS). The study focused on veterans 18 years and older. The data retrieval form used consisted of questions on alcohol use, smoking and demographics.

The study found a relationship between veterans and depression, feelings of worthlessness and feelings of hopelessness. Results from this study indicated that the younger veterans tended to feel more worthlessness. The study determined that veterans felt more hopelessness when serving less time compared to those who served for 20 years or more.

SUBSTANCE ABUSE, SMOKING, AND DEPRESSION AMONG MILITARY VETERANS

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CHAPTER 1

INTRODUCTION

Statement of the Problem

Many recent studies document association between smoking and alcohol use and depression among military veterans (Lombardero et al., 2013). Alcohol misuse is common among military veterans who experience depression (Fetzner, Abrams, & Asmundson, 2013). Veterans who are postdeployment are at a higher risk of depression because of the traumatic experiences they have encountered. The vulnerability of veterans may be due to the extreme of disasters encountered during combat (Heslin et al., 2013). For example, a disaster can be described as the loss of a comrade or the 911 terrorist attacks that affected those in the military. Being exposed to the combat field may make veterans become vulnerable to substance misuse. Research on substance misuse among veterans has focused on the traumatic exposure they have experienced. According to Heslin et al. (2013), alcohol problems have often been conceptualized as self-medication for postdisaster symptoms of depression. For many military veterans self-medicating is a coping mechanism used for treatment of unmanaged physical or psychological ailment.

Smoking is also a significant health issue among the military population (Brown, 2009). Brown (2009) reported that the cost of health care for smoking military was over

$990 million. Military veterans are at higher risk of becoming dependent on smoking (Carmody et al., 2012). This may be due to the fact that veterans are trauma-exposed individuals. It is common for trauma-exposed individuals to turn to smoking to reduce emotional distress as a type of coping mechanism (Carmody et al., 2012). Smoking has become a form of self-medicating among the veteran population to assist them in relieving emotional distress. Emotional numbness is a state in which the individual does not experience the sensation of emotions or feeling during a specified time.

Among half of the veterans between the ages of 21 to 39 were admitted for treatment of alcohol consumption and reported that it was their primary substance of choice (Substance Abuse and Mental Health Administration [SAMHSA], 2012). According to the Treatment Episode Data Set (TEDS), a database of substance abuse treatment admissions, in 2010 there were 17,641 admissions of veterans between the ages of 21 to 39. Veterans admissions (50.7%) recorded by TEDS were more likely than non-veteran admissions (34.4%) to report alcohol as their primary form of substance use (SAMHSA, 2012). Between 2004 and 2006, 7.1% of veterans met the criteria for a substance use disorder (SAMHSA, 2014). In 2009 the main reason for hospitalization among U.S. veterans was mental health and substance use disorders (SAMHSA, 2014).

Purpose of the Study

The purpose of this study was to examine the correlation between depression, alcohol use, and drug use among military veterans.

1. What is the relationship between alcohol consumption and depression among veterans?

2. What is the relationship between smoking and depression among veterans?

3. What is the relationship between demographic characteristic and depression among the veteran population?

Definition of Terms

Comrade

A comrade is considered a companion that participates in the same activities. A comrade can be defined as a fellow soldier or service member.

Self-Medicating

Self-medicating in general is a form of treatment an individual engages in to cope with personal distress. For example, self-medication can be the use of alcohol or drugs in an attempt to reduce anxiety (Robinson, Sareen, Cox & Bolton, 2009). According to Robinson et al. (2009) "Self-medicating has often been invoked as an explanatory mechanism for the high co-occurrence of anxiety and substance use disorders" (p. 38).

Substance Misuse

Substance misuse is the consumption of alcohol and/or drugs in excessive amount or with methods, which can be harmful to an individual. For instance, Fetzner et al. (2013) stated that alcohol misuse is a negative pattern of alcohol use that causes personal, social and occupational problems

Veteran

According to the definition established by Title 38 of the U.S. code (Veterans Benefits, n.d.) the legal definition of a veteran is a person who served in the active

military, naval, or air service and who was discharged or released there from under conditions other than dishonorable.

CHAPTER 2

LITERATURE REVIEW

Alcohol

Alcohol use disorder is a major public health problem and composes the most common form of addiction among veterans (Kalapatapu, Delucchi, Lasher, Vinogradov, & Batki, 2013). Alcohol misuse is common among military veterans affected by depression; however research has provided mixed evidence concerning differential symptoms in relation to alcohol misuse (Fetzner et al., 2013). Veterans reporting depressive symptoms have also reported high-risk alcohol intake. In addition, depressed veterans have a higher risk of alcohol misuse after a traumatic event (Fetzner et al., 2013). A traumatic event is an experience that triggers physical, emotional, or psychological distress. Numerous studies have demonstrated that military personnel drink excessively in high risk roles; this increase was the greatest in particular roles that put the member in constant fear of being killed or wounded (Jones & Fear, 2011).

Influencing Factors

Factors influencing alcohol consumption are different among retired military veterans and active duty military personnel (Fetzner et al., 2013). Alcohol consumption among military members can be significantly influenced by alcohol consumption habits and alcohol accessibility (Hanwella, Silva, & Jayasekera, 2012). Although, alcohol accessibility decreases during combat and military service, there is evidence that suggest

an association between combat stress and alcohol misuse amongst military personnel (Hanwella et al., 2012). In addition, several studies have also found an association between depression and heavy drinking (Hanwella et al., 2012). Research indicates that U.S. military veterans often use alcohol for various reasons, yet the primary cause is due to PTSD (Post Traumatic Stress Disorder), which is common among military personnel who experience trauma on the battlefield (National Council on Alcoholism and Drug Dependence [NCADD], n.d.). Military veterans often do not have healthy ways to cope with their experiences, thus they learn and become addicted to unhealthy coping mechanisms such as alcohol consumption during and after serving their time in the military.

Coping

Traditionally alcohol is used as a coping mechanism to deal with the stress from combat. Shealy and Winn (2014) reported that alcohol is used as a way of mediating the transition from combat experience to safety. Some doctors acknowledge the negative effects of alcohol consumption as a coping mechanism while others argue that alcohol is a coping mechanism that helps military personnel in their specific role (Jones & Fear, 2011). As reported by Jones and Fear (2011) alcohol is perceived to have positive effects among military personnel. For example, alcohol engages members and assists in-group bonding within the military; it also provides relaxation and confidence during battle and helps them sleep (Jones & Fear, 2011).

Although the positive effects mentioned by Jones and Fear (2011) found that military personnel drank responsibly and within safe limits, alcohol is often viewed by society as an obstacle to function; it has been proven that it impairs individuals'

cognitive ability and their daily functioning capacities. In 2007, the Freedom of Information Act forced the U.S. government to disclose more than 33% of military members names who were convicted of criminal acts in Afghanistan and Iraq, which were committed while under the influence of substances (NCADD, n.d.).

Research indicates that retired military veterans often consume alcohol as part of a coping mechanism to deal with their depression. Their alcohol consumption results in an increase in health issues, suicide risk and need for disability due to their older age. Similarly, when looking at an active duty member who is experiencing depression, they often also turn to alcohol as part of a coping mechanism to help them deal with traumatic experiences they have endured while in combat. Following combat and when returning home alcohol consumption also becomes part of their recovery process (Fetzner et al., 2013). Alcohol is used to "recover" and cope with the traumatic events encountered while in combat, while readapting to their normal lives following their military service.

In addition to using alcohol as a coping mechanism, the drinking culture in the military can influence alcohol intake (Hanwella et al., 2012). Both a workplace that permits excessive alcohol intake and prohibits alcohol intake can increase overall alcohol consumption (Hanwella et al., 2012). The workplace culture can encourage acceptable drinking (Hanwella et al., 2012).

An individual's beliefs about drinking significantly can often be influenced or changed when people interact with others for long periods of time such as colleagues in the workplace (Hanwella et al., 2012). Excessive alcohol consumption among military members is also associated with accidents, violence and self-harm (Hanwella et al., 2012). Another influencing factor in alcohol consumption may be the availability of

alcohol, whether accessible or limited. The fact that alcohol is strictly prohibited while on duty for prolonged periods can discourage military personnel from alcohol use (Hanwella et al., 2012).

Alcohol problems have often been interpreted as self-medication due to depression from a disaster experience (Heslin et al., 2013). The study conducted by Heslin et al. (2013) estimated the association of alcohol problems with depressed mood as intervened by a disaster. Alcohol misuse was used to examine the cognitive ability of an individual while intoxicated and to analyze their ability to act in dangerous situations (Heslin et al., 2013). Results showed that veterans who had alcohol problems prior to a disaster experienced more disaster related harms and depressed mood after the disaster compared to individuals who did not have alcohol problems prior to the disaster (Heslin et al., 2013). This is contrary to other research studies, which suggest that alcohol helps military members in a positive manner. After the disaster veterans with alcohol problems continue to have alcohol problems.

History

In the past alcohol was traditionally used as a coping strategy and it was normalized during deployment. Jones and Fear (2011) stated that soldiers who were stressed while deployed during World War I were given a drink of rum to help them cope with the violence and intensity of combat. Military personnel deployed to Vietnam were believed to have resorted to illegal drugs as a coping mechanism but it has been shown that alcohol misuse was more common (Jones & Fear, 2011). A study conducted on veterans demonstrated that alcohol misuse was evident and remained constant 10 years after combat (Jones & Fear, 2011). Between 1907 and 1917, 1.6% of hospital admissions

were for alcohol problems, reinforcing that alcohol intake was common in the past (Jones & Fear, 2011). Overall, alcohol consumption has continued to be used as a primary coping mechanism by military members with combat exposure and emotional distress.

Binge Drinking

Intense alcohol use is a significant problem in the military culture (Ames & Cunradi, 2005). Military members have higher frequency of binge drinking consisting of five or more alcoholic beverages on one occasion and heavy drinking consisting of consuming two or more drinks in a day for men and one or more drinks in a day for females (Bohnert et al., 2012). Military culture, combat experience and/or deployment can be contributing factors that put military personnel at higher risk of problematic drinking (Bohnert et al., 2012). Although alcohol is banned while deployed alcohol can still play an active role in military personnel who are not deployed or who have returned home.

Following deployment there is an overall change in the pattern of drinking with heavy drinking and binge drinking (Hanwella et al., 2012). The 2008 Department of Defense Health Behavior Survey conducted among U.S. active duty members reported that heavy alcohol use increased between 1998 and 2008 from 15% to 20% (Hanwella et al., 2012). In 2002, 27% of young adults in the military reported heavy alcohol use, the highest it had been in the 10-year time frame (Ames & Cunradi, 2005). Jones and Fear (2011) found that heavy drinking was twice as common in the U.S. military compared to the general population. Burnett-Zeigler et al. (2011) reported that 36% of returning military members met the criteria for alcohol misuse. In the same study service members who reported symptoms of depression were also more vulnerable to misusing alcohol.

Age Differences

A report by SAMHSA found that alcohol use was at a high frequency among younger veterans, which is conflicting with Bohnert et al.'s (2012) study that stated that veterans at a certain age are at lower risk of binge drinking compared to nonveterans. Bohnert et al. reported that veterans between the ages of 61 and 70 were more likely to report binge drinking compared to nonveterans of the same age. Furthermore, Bohnert et al. reported that men aged between 61 and 70 are less likely to stop heavy drinking than nonveterans. In addition, Bohnert et al. also found that men between the ages of 41 to 60 are less likely to report drinking problems.

Elevated alcohol intake is occurring among those entering the military, specifically individuals who are entering the military immediately after of high school (Ames & Cunradi, 2005). It is estimated that alcohol misuse among service members ranges from 12% to 40% with those who are younger and having further combat experiences are at higher risk (Burnett-Zeigler et al., 2011). Also, the authors found that service members who have military experience of 4 years or less were more likely to report misuse of alcohol compared to those who have 5 years or more. Overall, the results in the study conducted by Burnett-Zeigler et al. (2011) indicate that alcohol misuse is common among returning military personnel. However, an accurate number regarding alcohol abuse amongst military personnel may not be feasible, as many users do not often report their alcohol consumption. In general, Burnett-Zeigler et al. concluded that alcohol misuse is primarily evident among younger military members and those who have less time serving in the military.

Gender Differences

Past studies have found that women were more likely to report an augmented occurrence in their amount of alcohol use, but less likely to report excessive drinking or alcohol-related problems after combat. Fetzner et al. (2013) examined the relationship between depressive symptoms and alcohol misuse among female and male veterans. It was found that male veterans reported a higher frequency of alcohol use compared to female veterans. The study also concluded that there was no statistically significant sex difference found for alcohol-related problems (Fetzner et al., 2013). In addition, the study deduced that female veterans were found to reduce their alcohol consumption over time compared to male veterans. Furthermore, according to the Center for Behavioral Health Statistics and Quality, female veterans were found to consume alcohol similarly to their male counterparts; yet, studies imply that female veterans tend to abuse prescription drugs more frequently than alcohol (NCADD, n.d.).

Contributing risk factors for alcohol use among trauma exposed veterans may differ between males and females (Kelley et al., 2013). Women are growing in number with 15% of active military, 17% of national guard/reserves and 20% of new recruits (Haskell et al., 2010). In a study conducted by Kelley et al. (2013), male participants reported twice the amount of alcohol consumption compared to women. Males are more likely to consume alcohol and have a rate of alcohol dependence twice as high as females (Kelley et al., 2013). Rates reported by Ames and Cunradi (2005) report that heavy drinking is higher for women in the Marine Corps and Navy and lower in the Air Force and Army. On the other hand, across all four branches men service members are 4 times more likely to indulge in heavy alcohol intake (Ames & Cunradi, 2005). Kelley et al.

found that women were most likely to refrain from alcohol consumption. In the end it is important to recognize that women and men who are exposed to trauma may react differently. Nevertheless, the correlation between alcohol consumption and trauma exposure is similar for both genders (Kelley et al., 2013).

Based on survey done among nearly 30 million veterans age 18 and over living in the United States, the NHSDA (National Household Survey on Drug Abuse) found that 56% male veterans compared to 41% female veterans reported alcohol use. The survey also found that 7% male veterans compared to 2% female veterans reported heavy drinking. The study highlighted that alcohol use amongst both genders was nearly equal.

Depression

Some studies indicate combat exposure for women has a stronger association with depression; however a study conducted of veterans serving in Iraq and Afghanistan found that women were as resilient as men to combat related stressors (Kelley et al., 2013). In addition a study conducted by Kelley et al. (2013) demonstrated that female veterans reported more depressive emotions than male veterans. Furthermore, women are more likely to develop symptoms of depression over men (Kelley et al., 2013).

Smoking

Smokers are more likely to report symptoms of depression compared to nonsmokers. The prevalence of smoking among military veterans remains high (Brown, 2009). Tobacco use has been part of the military culture since World War I (Gierisch et al., 2012). Although smoking rates among military veterans has declined from 33% to 22.2% in recent years smoking remains a problem among the veteran community, particularly among those with low socioeconomic status and substance abuse problems,

which are known to increase smoking among veterans (Karvonen-Gutierrez, Ewing, Taylor, Essenmacher, & Duffy, 2011). Active duty members smoke at similar rates to that of the general population. For example, 30.5% of the active duty population smoked in 2008 compared to 29.1% of the general population in a study conducted by Brown (2009).

According to recent estimates from the Department of Defense, 30.6% of active duty military personnel reported smoking (Acheson, Straits-Troster, Calhoun, Beckham, & Hamlett-Berry, 2011). A recent study of veterans estimated 19.7% of veterans are current smokers, excluding active duty personnel (Acheson et al., 2011). In the same study conducted by Acheson et al. (2011) based on the sample size 24% were identified as current cigarette smokers, only 23% were identified as former smokers and 47% were identified as never having smoked before. In the sample size it was concluded that almost half the sample had never smoked before but had initiated their smoking habits while being deployed.

Cigarette smoking within the military population is a significant health problem. Recent reports state cigarette smoking rates among the U.S. population appear to be lower than those reported for active duty military (Acheson et al., 2011). The Veterans Administration estimates that more than 50% of all active duty personnel stationed in Iraq smoked. Smoking and depression demonstrate a correlation with higher health care needs compared to nonsmokers and non-depressed veterans (Lombardero et al., 2013). Research done among veterans reveals a high correlation between smoking and depression (Lombardero et al., 2013). The smoking rate in the sample was twice as high as the previous report among veterans (Lombardero et al., 2013). Veteran Affairs

patients with probability of major depression have double the smoking rates compared to those in the general population (Lombardero et al., 2013).

Trauma exposed individuals associate smoking with a relief of emotional distress (Carmody et al., 2012). Emotional distress for military members and veterans can consist of various combat experiences encountered when on the battlefield. One stressor that affects many military members is the loss of a comrade during combat. Veterans that smoke are more likely to smoke to reduce the physical and/or psychological distress they are encountering or have encountered. Military veterans who smoke are more likely to report emotional numbness than those who do not (Carmody et al., 2012).

Individuals in stressful professions have been demonstrated to use tobacco at elevated rates compared to the general population (Smith et al., 2008). Occupational stressors related to serving in the military have been proven to be a strong contributing factor for smoking dependence (Smith et al., 2008). Smoking is utilized as a coping mechanism among those reporting stress (Smith et al., 2008). Stress for service members can consist of fear for their safety and always having to be ready to fight in order to survive. As reported by Smith et al. (2008) service members who are exposed to violence are at high risk for nicotine dependence.

In a survey conducted by Smith et al. (2008), 40% of U.S. troops who were deployed smoked at least half a pack of cigarettes per day, with nearly half of the smokers reporting that they initiated or resumed smoking during their deployment. Military medical professionals reported similar findings of increased smoking rates during deployment among nonsmokers and increased daily intake among smokers (Smith et al., 2008). Smith et al. stated that smoking increased 57% among deployed service

members and 44% among non-deployed service members. Widome et al. (2011) reported that serving in the military was associated with smoking initiation, development to heavier smoking habits, and relapse among former smokers. Overall, serving in the military makes individuals prone to smoking whether they were previous smokers or not.

Widome et al. (2011) estimated that veterans who served are 50% more likely to smoke compared to those who have not been deployed. In 2008, under one third of active duty members were smokers (Widome et al., 2011). In a study conducted by Smith et al. (2008) it was found that those who reported combat exposure were almost 2 times more likely to engage in smoking after deployment than those who had not had combat exposure. Overall, the military culture plays an active role in military members' initiative to pursue or commence smoking.

Smoking and Anxiety

In a study conducted by Widome et al. (2011), the participants disclosed that the reason they engaged in smoking was to ease stress, relieve their boredom and to calm their anxiety (Widome et al., 2011). Military members indicated that they suffered an increase in anxiety as a result of sudden deployments, which often were ordered due to sudden attacks and/or explosions. They reported that after a stressful encounter in combat smoking relieved them and calmed their nerves. For example, after an explosion, one out of 17 military members reported that military men turned to smoking as part of a coping mechanism to ease their stress (Widome et al., 2011). Many study participants disclosed that they have no outlet when they feel frustrated; consequently, their first instinct is to grab a cigarette and use it as an outlet for their emotions (Widome et al., 2011).

Smoking and Sleep Deprivation

Military personnel also report using tobacco to cope with sleep deprivation (Widome et al., 2011). Smoking is used as a tool that assists an individuals' ability to function and perform his or her duties during long extraneous shifts, when deprived of sleep or scheduled to complete graveyard shifts (Widome et al., 2011). For example, one participant in a study conducted by Widome et al. (2011) reported that he heard helicopters over head, loud explosions, and alarms when working or attempting to sleep; he indicated that it was difficult to get any rest; thus many individuals turned to smoking in order to stay awake and be able to function at least to at a minimal level.

Recreational Smoking

During deployment alcohol consumption is banned, therefore, smoking is used as a substitute recreational activity. Research indicates that in these situations regular smokers are more likely to smoke in increased amounts as a way to compensate the banning of alcohol (Widome et al., 2011). Smoking becomes a part of the military culture; one member disclosed that when one colleague engages in smoking it is easy to follow and just smoke socially. Smoking breaks are used to socialize with peers, which in turn encourages members to keep or start smoking (Widome et al., 2011). One veteran reported that he used smoking as a coping mechanism to help him distance himself from the horrible place he was at while deployed (Gierisch et al., 2012). Many veterans describe the way that smoking is integrated into the military culture by using the phrase "smoke 'em if you got 'em," referring to the fact that if you have cigarettes in your possession you should not hesitate to smoke them (Shealy & Winn, 2014). Additionally, smoking is often considered a form of entertainment during military personnel's free

time. Tobacco is one of the limited comforts that service members are allowed to engage in while deployed (Widome et al., 2011). One participant reported that on his free time he either exercised or engaged in smoking, yet smoking was usually the number one choice as exercise was often too difficult due to unbearable heat (Widome et al., 2011). Smoking was also used to mourn the death of a fellow soldier or support a lost soldier who did not return to camp; it was a way to offer silent support (Gierisch et al., 2012).

Negative Outcome

Although smoking is used as a coping mechanism it can affect an individual's functional level. Cigarette smoking and its health risks are no less of a problem within the military culture (Acheson et al., 2011). Recent estimates from the Department of Defense declared that 30.6% of active duty service members reported smoking cigarettes within the last 30 days (Acheson et al., 2011). Smoking interferes with military readiness, because military personnel who smoke have lower fitness levels and are at higher risk for physical injury (Smith et al., 2008). Smoking affects active duty members' quality of physical life. Although evidence suggests that tobacco use obstructs military readiness and it impacts significantly the monetary costs of the Department of Defense, smoking continues to be a part of the military culture (Widome et al., 2011). In a survey conducted on U.S. troops in Afghanistan and Iraq nearly 40% reported smoking at least half a pack of cigarettes a day (Smith et al., 2008). Smoking was banned from basic military training and was eliminated from indoor spaces (Shealy & Winn, 2014). Despite the changes and negative effects of smoking, military members have a higher rate of smoking than the general population; despite regulations, smoking continues to be a vital part of the military culture. The rate of smoking for military members is estimated

to be at 32% as compared to the general population that has an estimated rate of 21% (Shealy & Winn, 2014).

Quitting

Attempting to quit smoking is easier said than done. It has been reported that military personnel often attempt to quit smoking but find it extremely difficult to quit in the environment they are in. In the research conducted by Shealy and Winn (2014) participants reported on average that they were "slightly to moderately" confident that they could quit smoking successfully. Many service members may want to quit but are not sure if they are capable of being successful due to all the contributing factors that surround them such as trauma, grief, a sense of hopelessness, stress and so on. After serving in the military, veterans find it challenging to adjust and incorporate themselves back into society; as many of them return with mental health challenges due to the violence they encountered in combat. Veterans often reveal that smoking is a comforting mechanism, used to help them with triggers that cause anxiety such as combat- related injuries, unstructured life outside of the military culture, sleep disorders and an inability to turn off their military mind set (Gierisch et al., 2012).

It is difficult for veterans to integrate themselves back into a society that they are no longer familiar with, thus many of them turn to substance abuse as a way to cope with their current and past lives. One veteran reported that the stress at home makes it challenging for him to stop smoking (Widome et al., 2011). Veterans reported that after living accustomed to a structured military life it was difficult to transition to an unfamiliar and unstructured living routine, therefore they fill their time with smoking (Gierisch et al., 2012). The transition back home is not just for military members but also

for their families. Although veterans were once familiar with society when integrating back into society they are constantly faced with challenges that lead them to resort to substances to help them cope with the transition back. Veterans want to quit smoking but have multiple behavioral, situational, and environmental triggers when integrating back into society that makes it difficult for them to stop smoking (Gierisch et al., 2012). For example, many veterans report that feelings of depression, irritability, uncontrollable anger, and sleepless nights made it difficult to refrain from smoking (Gierisch et al., 2012). In a study conducted by Acheson et al. (2011) it was reported that veterans were less likely to make an attempt to quit smoking than active duty military members.

Recent Statistics

According to the Army, in 2009, soldiers' enrollment in treatment after being diagnosed with alcohol problems increased by 56% since 2003 (NCADD, n.d.). Between 2004 and 2006, 7.1% of veterans met the criteria for substance use disorder (SAMHSA 2014). According to a database of substance abuse treatment, the Treatment Episode Data Set (TEDS), in 2010 there were over 17,000 veterans admitted for substance abuse treatment. At least half of the substance abuse admissions reported by TEDS were between 21 and 39 years of age (SAMHSA, 2012). Over half of the admissions to the substance abuse treatment reported alcohol use as their primary form of substance use (SAMHSA, 2012).

Conclusion

The literature reviewed supported and highlighted the overall association between alcohol use, smoking, and depression. Smoking behavior of patients with depression in Veteran Affairs is most closely linked to extreme levels of alcohol misuse (Lombardero

et al., 2013). Some studies have found higher rates of substance related disorders among veterans compared to the general population (Miller, Reardon, Wolf, Prince, & Hein, 2013). The overall prevalence of alcohol use, binge drinking and heavy drinking is different among veterans (Bohnert et al., 2012). Returning veterans continue using behaviors rooted in their military experience or develop new habits in response to their military experiences (Golub & Bennett, 2012). Findings suggest that veterans continue to use tobacco to cope with depressed mood, anxiety, and boredom after returning home from combat. Feelings of stress related to interpersonal relationships are also common among returning deployed veterans (Gierisch et al., 2012). Results show that smoking is still perceived as endemic in military service by recent cohorts of veterans (Gierisch et al., 2012). Substance use among military members and veterans continues to be an imperative matter that needs immediate attention; as a significant number of military members develop a dependency to substance abuse in the form of alcohol consumption and tobacco use as alternative ways to cope with trauma experienced in combat and in their re-integration to society.

CHAPTER 3

METHODOLOGY

Design

The proposed study used a quantitative design. The study attempted to examine the relationship between alcohol misuse and depression and smoking and depression among military veterans using secondary data. The secondary data was retrieved from the 2011- 2012 California Health Interview Survey (CHIS). The California Health Interview Survey was conducted in collaboration with the University of California, Los Angeles (UCLA) Center for Health Policy Research and the Department of Health Care Services (CHIS, 2014). The interviews were conducted in a random digit dial (RDD) telephone survey, all data was collected using a computer-assisted telephone interviewing (CATI) system (CHIS, 2014).

Sample

For this study, the study sample was selected from the 2011- 2012 California Health Interview Survey. Self-administered surveys and questionnaires were not used in this study. The objective of CHIS is to provide estimates for adults in California's population. The CHIS is one of the largest surveys administered nationwide. The survey is conducted solely on the population in California and administered twice a year via telephone (CHIS, 2014). Phone interviews were administered among randomly selected multi-generational homes; data was collected from one adult in each home. The

interviews were administered in different languages: English, Spanish, Korean, Vietnamese, and Chinese.

The sample size available in CHIS is 42,395. For the purpose of this study, a nonprobability, purpose-sampling procedure was used to select veterans above 55 years of age. Attempts were made to select 400 veterans who reside in California. The California Health Interview Survey consisted of a sample size of 3,972 for this study.

Data Collection

This research utilized responses to questions from the California Health Interview Survey instrument for adults 18 years and older (Appendix A). The adult questionnaire is divided into the following sections: demographics, health, employment, public program participation, housing, and suicide ideation (CHIS, 2014). For the purpose of this study, the researcher retrieved data for the variables relevant to alcohol consumption, smoking, depression and demographics (See Appendix A). The Data Retrieval form used in this study consists of 17 variables. The data retrieval form included four questions on alcohol use, seven questions on smoking and six questions on demographic characteristics. The demographics section consists of gender, age, and ethnicity. The substance use section consists of alcohol consumption and smoking habits.

Data Analysis

The present study utilized the Statistical Package for the Social Sciences (SPSS) version 21 to analyze the selected variables from the CHIS database. This study reported frequencies and percentages for all the study variables. Univariate analysis was utilized to test the research questions of this study, which provided information regarding

frequency distributions, ranges, means, and standard deviations. The researcher used chi-squares to test the proposed research questions due to the use of nominal level variables in the research questions.

Social Work Ethics

This study used secondary data analysis where no person was at risk of confidentiality or risk of harm. Information obtained for this study was anonymous, with no identifying characteristics provided to the researcher. The UCLA Center for Health Policy utilized the Data Access Center, which provided the opportunity to utilize data files in a secure, controlled environment that ensures the anonymity of respondents (CHIS, 2014).

Relevance to Older Adults and Families

The proposed study was relevant to the older adult and family population due to the fact that military veterans consist of older adults who have previously served in the military. The study was also relevant to adults because military veterans are generally retired older adults; unlike individuals under the age of 18 who cannot serve in the military and therefore cannot be a veteran at their given age.

The results from this study coincide with the Older Adults and Families concentration. It is important to recognize the needs this population has and the extent that it affects their families. Military veteran is a broad title that can extend over time. Therefore, experiences encountered in combat can be carried on throughout their life. As social workers, it is our professional role to help individuals and families connect to

appropriate services. The utilization and linkage of services can better serve the military community.

Relevance to Social Work and Multicultural Social Work Practice

The study provided the social work profession knowledge of the needs of military veterans who are exposed to substance use and depression. As social workers we can come across veterans who are seeking services and it is important to know the vulnerability this population has to depression and substance use. It is also beneficial for the general population to become aware about the risks that military veterans are exposed to in regards to mental health issues and substance abuse so that more assistance becomes available for this population.

Veterans are in need of services that social workers can offer or link them too. Combat exposure affects an individual and their families, thus making a social worker's role imperative to the wellbeing of the entire family. Families can be the initial service seeker when the veteran is reluctant to seek services. This study provides insight to different perspectives and services needed by the military population.

Limitations

This research had several limitations. The proposed study was limited to the number of people accessible to CHIS analysis. Only individuals with access to phones participated in CHIS, therefore it was limited to those of lower socio-economic status who did not have access to phones. Participants in CHIS could have opted out to participate in the survey and no significant data had been recorded on it. Many military

members whether active or not have a stigma against seeking self-disclosure, therefore depression and substance use may have been underreported.

CHAPTER 4

RESULTS

Demographic Characteristics

Table 1 illustrates the percentages and frequencies for the demographic characteristics of study respondents. There were 3,972 veterans who were selected for this study. Of those surveyed 3,772 (95%) were males and 200 (5%) were females. Veterans ranged from ages 55 to 85 years of age. The majority of the veterans were married (2,280; 57.4%), followed by widowed, divorced, or separated (1,254; 31.6%), never married (294; 7.4%), and living with a partner (144; 3.6%). The veterans were mainly of Whites (3,308; 83.3%), followed by African Americans (213; 5.4%), Latinos (127; 3.7), multiple race (141; 3.5%), Asians (92; 2.3%), American Indians/Alaskan Natives (65; 1.6%), and Pacific Islander (6; 0.2%).

TABLE 1. Demographic Characteristics (n = 3,972)

Characteristics	*f*	%
Gender		
Male	3,772	95.0
Female	200	5.0
Marital Status		
Married	2280	57.4
Living w/ Partner	144	3.6
Wid/Sep/Dec	1254	31.6
Never Married	294	7.4

TABLE 1. Continued

Characteristics	f	%
Race		
Latino	147	3.7%
Pacific Islander	6	0.2%
American Indian/ Alaskan Native	65	1.6%
Asian	92	2.3%
African American	213	5.4%
White	3308	83.3%
Other Single/ Multiple Race	141	3.5%

Alcohol

Among the study sample, 72.1% (*n* = 2,863) had consumed alcohol in the past 12 months. One hundred eleven veterans (2.8%) had become binge drinkers on a daily or weekly basis in the past year, 2.1% (*n* = 83) had become binge drinkers on a bi-weekly basis in the past year, 2.0% (*n* = 80) had become binge drinkers on a monthly basis in the past year, 6.9% (*n* = 276) had become binge drinkers on bi-monthly basis in the past year, 2.3% (*n* = 90) had become binge drinkers on a yearly basis in the past year, and 84% (*n* = 3,332) had no binge drinking in the past year.

Smoking

Only 9.2% (*n* = 367) were current smokers. Fifty-five percent (*n* = 2,184) had quit smoking. Furthermore, 35.8% (*n* = 1,421) reported never having smoked. Among the 3,972 veterans 3.6% (*n* = 143) reported smoking 20 or more cigarettes per day. Fifty veterans (1.3%) reported smoking 11-19 cigarettes per day, 2.6% (*n* = 102) reported smoking 6 – 10 cigarettes per day, 1.4% (*n* = 57) reported smoking 2 – 5 cigarettes per

day, only 0.4% (*n* = 15) reported smoking 1 or less cigarettes per day. The majority, 90.8% (*n* = 3,605) reported not smoking at all. Overall, 64.2% (2,551) veterans reported having smoked 100 or more cigarettes in their entire lifetime and 35.8% (1,421) veterans reported smoking less than 100 cigarettes in their entire lifetime.

TABLE 2. Alcohol and Smoking Habits (*n* = 3,972)

Variable	*f*	%
Alcohol within the past 12 months		
Yes	2,863	72.1
No	1,109	27.9
Binge Drinking in the past year (5 or more)		
None	3,332	83.9
Once a year	90	2.3
Less than monthly more than once a year	276	6.9
Monthly	80	2.0
Less than weekly but more than monthly	83	2.1
Daily or weekly	111	2.8
Current Smoking Habits		
Currently smokes	367	9.2
Quit smoking	2,184	55.0
Never smoked regularly	1,421	35.8
# of Cigarettes per day		
none	3,605	90.8
1 cigarette	15	0.4
2 – 5 cigarettes	57	1.4
6 – 10 cigarettes	102	2.6
11- 19 cigarettes	50	1.3
20 or more	143	3.6
Smoked 100 or more cigarettes in lifetimes		
Yes	2,551	64.2
No	1,421	35.8

Depression

Twenty-one veterans (0.5%) reported feeling depressed a little of the time in the past 30 days. Thirty-five veterans (0.9%) disclosed feeling depressed some of the time in the past 30 days. Furthermore, 3.5% (141) disclosed feeling depressed most of the time in the past 30 days, 6.0% (240) reported feeling depressed all of the time in the past 30 days, and 89.0% (3,535) reported not feeling depressed in the past 30 days.

Hopeless

Twenty veterans (0.5%) disclosed feeling hopeless all the time in the past 30 days. Thirty-two veterans (0.8%) reported feeing hopeless most of the time in the past 30 days. In addition, 4.5% (180) disclosed feeling hopeless some of the time in the past 30 days, 9.5% (378) reported feeling hopeless a little of the time in the past 30 days, and 84.6% (3,362) reported not feeling hopeless at all in the past 30 days.

Worthless

Thirty veterans (0.8%) reported feeling worthless all of the time in the past 30 days. Only, 37 veterans (0.9%) disclosed feeling worthless most of the time in the past 30 days. Moreover, 138 veterans (3.5%) reported feeling worthless some of the time in the past 30 days, 242 veterans (6.1%) disclosed feeling worthless a little of the time in the past 30 days, and 3,525 veterans (88.7%) reported not feeling worthless in the past 30 days.

TABLE 3. Differences in Feeling Depressed, Worthless, and Hopeless (n = 3,972)

Variable	f	%
Feel Hopeless in past 30 days		

TABLE 3. Continued

Variable	f	%
Not at all	3,362	84.6
A little of the time	378	9.5
Some of the time	180	4.5
Most of the time	32	0.8
All of the time	20	0.5
Feel Depressed in past 30 days		
Not at all	3,535	89.0
All of the time	240	6.0
Most of the time	141	3.5
Some of the time	35	0.9
A little of the time	21	0.5
Feel Worthless in the past 30 days		
Not at all	3,525	88.7
A little of the time	242	6.1
Some of the time	138	3.5
Most of the time	37	0.9
All of the time	30	0.8

Age and Feelings of Hopelessness, Depression, and Worthlessness

A Pearson correlation coefficient was calculated for the relationship between veterans' age and feelings of hopelessness in the past 30 days. A weak negative correlation was found ($r(3,970) = -0.85$, $p < .001$), indicating a significant inverse relationship between age and feelings of hopelessness in the past 30 days. The younger veterans tend to feel more hopeless within the last 30 days.

Furthermore, a Pearson correlation coefficient was calculated for the relationship between veterans' age and feelings of depression within the last 30 days. A weak negative correlation was found ($r(3,970) = -0.088$, $p < .001$), indicating a significant

inverse relationship between age and level of depression within the last 30 days. The younger veterans tend to feel more depressed in the past 30 days.

Lastly, a Pearson correlation coefficient was calculated for the relationship between veteran's age and feelings of worthlessness in the last 30 days. A weak negative correlation was found ($r(3,970) = -0.039$, $p = .013$), indicating a significant inverse relationship between age and feelings of worthlessness in the past 30 days. The younger veterans tend to feel more worthlessness in the past 30 days.

TABLE 4. Correlation Between Veterans Age and Feelings of Hopelessness, Depression, and Worthlessness

Variable	*r*	p
Age vs. Feeling Hopeless in the past 30 days	-.085	.005
Age vs. Feeling Depressed in the past 30 days	-.088	.005
Age vs. Feeling Worthless in the past 30 days	-.039	.013

Gender and Feelings of Hopelessness, Depression, and Worthlessness

An independent-samples t-test comparing the mean scores of male veterans and female veterans found a significant difference between the means of the two groups in their level of feeling hopeless ($t(3,970) = -5.46$, $p < .05$). The mean of male veterans were significantly lower ($M = .22$, SD = .60) than the mean of female veterans ($M = .46$, SD = .78) in their feeling hopeless within the last 30 days.

An independent-samples t-test comparing the mean scores of males and females found a significant difference between the means of the two groups in their level of depression within the last 30 days ($t(3,970) = -2.79$, $p < .05$). The mean of male veterans was significantly lower ($M = .17$, SD = .57) than the mean of female veterans in their level of depression within the past 30 days ($M = .29$, SD = .72).

An independent-samples t-test comparing the mean scores of males and females found a significant difference between the means of the two groups in their level of feeling worthless in the past 30 days ($t(3,970) = -3.98$, $p < .05$). The mean of male veterans was significantly lower ($M = .18$, SD = .60) than the mean of female veterans ($M = .36$, SD = .78) in their feeling worthless within the last 30 days.

TABLE 5. Gender versus Hopeless, Depressed, and Worthless

Variable	*n*	M	SD	*t*	df	p
Feel Hopeless past 30 days				-5.46	3,970	.005*
Male	3772	.22	.60			
Female	200	.46	.78			
Feel Depressed past 30 days				-2.79	3,970	.005*
Male	3772	.17	.57			
Female	200	.29	.72			
Feel Worthless past 30 days				-3.98	3,970	.005*
Male	3772	.18	.60			
Female	200	.36	.78			

* $p < .05$

Smoking and Feelings of Hopelessness, Depression, and Worthlessness

An independent- samples t test comparing the mean scores of current smokers who feel hopeless within the past 30 days and non-smokers who felt hopeless within the past 30 days found a significant difference between the groups ($t(3,970) = 8.88$, $p < .05$). The mean of the non-smokers was significantly lower ($M = .20$, SD = .56) than the mean of current smokers in their feeling of hopeless in the last 30 days ($M = .50$, SD = .94).

An independent- samples t-test comparing the mean scores of current smokers who felt depressed in the last 30 days and non-smokers who felt depressed in the last 30 days found a significant difference between the groups ($t(3,970) = 8.93$, $p < .05$). The mean of the non-smokers was significantly lower ($M = .14$, SD = .52) than the mean of current smokers in their feeling of depression in the past 30 days ($M = .43$, SD = .95).

An independent- samples t-test comparing the mean scores of current smokers who feel worthless within the last 30 days and non-smokers who felt worthless within the last 30 days found a significant difference between the groups ($t(3,970) = 6.60$, $p < .05$). The mean of the non-smokers was significantly lower ($M = .17$, SD = .57) than the mean of current smokers in their feeling of worthless within the past 30 days ($M = .39$, SD = .90).

TABLE 6. Difference Between Smokers and Non-Smokers in their Feelings of Hopeless, Depressed, and Worthless

Variable	*n*	*M*	SD	*t*	df	p
Feel Hopeless past 30 days						
Current Smoker	367	.50	.94	8.88	3,970	.005*
Not Current Smoker	3605	.20	.56			

TABLE 6. Continued

Variable	n	M	SD	t	df	p
Feel Depressed past 30 days						
Current Smoker	367	.43	.95	8.93	3,970	.005*
Not Current Smoker	3605	.15	.52			
Feel Worthless past 30 days						
Current Smoker	367	.39	.90	6.60	3,970	.005*
Not Current Smoker	3605	.17	.57			

* $p < .05$

Binge Drinking and Feelings of Hopelessness, Depression, and Worthlessness

An independent samples t-test found a significant difference between veterans who consumed 5 or more alcoholic beverages and those who did not consume 5 or more alcoholic beverages in their feeling of hopelessness ($t(3,970) = -5.43$, $p < .05$). The means of the veterans who consumed 5 or more alcoholic beverages was significantly lower ($M = .20$, SD = .56) than veterans who did not consume 5 or more alcoholic beverages ($M = .31$, SD = .74) in their feeling of hopeless within the last 30 days.

An independent groups t-test found a significant difference between veterans who consumed 5 or more alcoholic beverages and those who did not consume 5 or more alcoholic beverages in their feeling of depression ($t(3,970) = -5.93$, $p < .05$). The means of the veterans who consumed 5 or more alcoholic beverages had lower score ($M = .15$, SD = .51) than veterans who did not consume 5 or more alcoholic beverages ($M = .27$, SD = .71) in their feeling of depression in the last 30 days.

An independent samples t-test found a significant difference between veterans who consumed 5 or more alcoholic beverages and those who did not consume 5 or more alcoholic beverages in their feeling of worthlessness ($t(3,970) = -6.13$, $p < .05$). The means of the veterans who consumed 5 or more alcoholic beverages had lower score ($M = .15$, SD = .54) than veterans who did not consume 5 or more alcoholic beverages ($M = .28$, SD = .75) in their feeling of worthlessness in the last 30 days .

TABLE 7. 5 or more Alcoholic Beverages versus Hopeless, Depressed, and Worthless

Variable	*n*	*M*	SD	*t*	df	p
Feel Hopeless past 30 days				-5.43	3,970	.005*
Yes	2863	.20	.56			
No	1109	.31	.74			
Feel Depressed past 30 days				-5.93	3,970	.005*
Yes	2863	.15	.51			
No	1109	.27	.71			
Feel Worthless past 30 days				-6.13	3,970	.005*
Yes	2863	.15	.54			
No	1109	.28	.75			

* $p < .05$

Duration of Armed Service and Feelings of Hopelessness, Depression, and Worthlessness

A significant relationship was found between amount of service and feeling of hopelessness ($F(4, 3,967) = 2.54$, $p < .038$). This analysis revealed that veterans felt more hopeless when serving less than 6 months ($M = .34$, SD = .72) than veterans who served more than 20 years ($M = .15$, SD = .49).

No significant relationship was found between length of time served and the level of depression in the past 30 days (F (4 3,967) = 1.05, p =.382) and feeling worthless within the past days (F (4. 3,967) = 1.53, p =.189).

TABLE 8. Time Served in the Military versus Feeling Hopeless, Depressed, and Worthless

Variable	*n*	M	SD	F	p
Feel Hopeless past 30 days				2.54	.038*
<6 months	109	.34	.72		
6 months – 2 yrs	1140	.23	.62		
>2 yrs – 4 yrs	1538	.24	.62		
>4 yrs - <20 yrs	794	.23	.64		
20+ yrs	391	.15	.49		
Feel Depressed past 30 days				1.05	.382
<6 months	109	.24	.65		
6 months – 2 yrs	1140	.17	.57		
>2 yrs – 4 yrs	1538	.18	.58		
>4 yrs - <20 yrs	794	.20	.63		
20+ yrs	391	.14	.48		
Feel Worthless past 30 days				1.53	.189
<6 months	109	.29	.79		
6 months – 2 yrs	1140	.20	.62		
>2 yrs – 4 yrs	1538	.18	.58		
>4 yrs - <20 yrs	794	.20	.65		
20+ yrs	391	.14	.52		

* p < .05

CHAPTER 5

DISCUSSION

Summary of Findings

When analyzing the age range of veterans who felt hopelessness, depression, and/or worthlessness there was a pattern. The results showed that the younger veterans were more likely to feel hopeless. The same results were seen when interpreting depression and feelings of worthlessness between veterans. The younger veterans also tended to feel more worthlessness. Additionally, the study revealed that veterans felt more hopelessness when serving less time compared to those who had served for 20 years or more.

When discussing the feeling of hopelessness, depression and worthlessness among gender specific veterans, females were more likely to report feeling hopeless, worthless, and/or depressed compared to men. Furthermore, the study also revealed that current smokers were more likely to have feelings of worthlessness, hopelessness, and/or depression than non-current smokers.

Comparison with Prior Research

This study found that veterans felt more hopeless when serving less time in the military; and also it demonstrated an increase of feelings of worthlessness, depression, and/or hopelessness among younger veterans. Consistent with previous research, this study found that veterans turned to smoking habits while being on active duty. High

numbers of veterans reported that they no longer smoke, but in actuality their smoking habits began while serving in the military. Returning veterans may continue substance use behaviors rooted in their military experience (Golub & Bennett, 2012).

In addition, this study found that females were more prone to be associated with depression when experiencing combat related stressors. Typically, some studies found that combat exposure had a stronger association with depression for women (Kelley et al., 2013). However in one study it was found that female veterans serving in Iraq or Afghanistan demonstrated more resiliency when compared to males in regards to combat related stressors (Kelley et al., 2013).

Also, Lombardero et al. (2013) found that smokers are more likely to report symptoms of depression compared to nonsmokers. Similarly, this study found that there was a significant relationship between depression and smoking. Consistently, in another study it was found that trauma-exposed individuals were associated with the need to smoke to reduce emotional distress (Carmody et al., 2012). In a study conducted by Widome et al. (2011) participants reported using tobacco as a coping mechanism. Finally, Widome et al. (2011) reported that the stress experienced when returning home from combat made it difficult for military veterans to quit smoking. Yet, in this study the majority of the participants reported that they had quit smoking, although the majority of the participants indicated that they never smoked on a regular basis. Based on this information it can be inferred that smoking is most likely a habit learned in combat.

Implications for Social Work Practice and Policy

Social workers must support the essentials of comprehensive programs and address all actions necessary to create supportive programs for veterans who use

substances and present with feelings of worthlessness, hopelessness, and/or depression. Social workers can share their expertise with policy makers to ensure policies are developed specifically for the military population. It is imperative for social workers to work not only with service members but also with service providers serving the needs of military members and their families.

Due to the limited programs available for the veteran population social workers need to become more aware of community resources in order to connect military members and their families to the appropriate programs to address their specific needs. It would be beneficial for social workers that are knowledgeable in this area and are aware of the services needed for military personnel to start more community programs. A social worker can develop comprehensive programs that will educate and support service members, their families and providers. Social workers can help develop brochures, posters and resource cards designed to inform veterans in regards to substance use and symptoms of depression.

Social workers can establish a referral network for clients by having resources available in their office and advocating for laws that encourage collaborative and comprehensive approaches for the veteran population. They can implement trainings for providers to benefit service members. Trainings can be developed to assist in the supportive transition back into civilian life, knowledge of military vocabulary and resources available in the community to fit military expectations. Social workers can help in educating families of service members in order to help ease the transition back into society and in the end help them cope without substances. Social workers can help

families understand and communicate with service members and help family members understand what the veteran is going through.

The primary necessities that are needed by military members are resources. Military members need services specifically intended for them and to fit their military culture. The military culture is guarded and will not openly express their needs to the civilian culture. The comfort zone for a military member is among their military family. Social workers can connect military members for services within the military community. A stand point that a social worker can take is to implement services at veteran centers and/or military bases, where military personnel will engage within their own peers who share the same experiences.

Additionally, family members and professionals can be educated on the societal norms within the military culture. The family can benefit from educational skills in order to understand military members and their vocabulary. Professionals can be educated on how to communicate within the military language. For example, therapists need to be educated on verbal and non-verbal behaviors that are appropriate when working with a military member. Such as during therapy, the positioning of the seating can cause discomfort for military members which can result in them refusing to return to therapy.

Multicultural Social Work Practice

Additionally, social workers need to be informed of the best methods for working with the military population and be informed of the latest research. It is important for social workers to be familiar with the issues affecting the military population especially when working with military members. Social workers can be trained in screening for substance use and feelings of worthlessness, depression and hopelessness among the

veteran population. Social Workers can also be trained on educating military members, their families, health professionals and the community on these issues.

Furthermore, it is important for military members to feel comfortable, and understood in order for them to utilize resources available within their community. Social workers will be able to guide clients in accessing appropriate services; still, it is essential for social workers to be culturally competent and assess each case individually. Being culturally competent can make a difference when individuals seek services. Military members belong to different cultural groups and a member's culture can influence the way they view and accept receiving services. It is important for social workers to become familiar with military members background and family dynamics to better assist the client.

This study will provide the social work profession knowledge of the needs of military veterans who are exposed to substance use and symptoms of depression. Social workers may come across veterans who are seeking services and it is relevant to know the vulnerability this population has to depression and substance use. It is also beneficial for the general population to become aware about the risks that military veterans are exposed to in regards to mental health issues and substance abuse so that more assistance becomes available for this population.

Limitations of this Study

The limitations faced in this study included the literature available on military members who have experienced feelings of worthlessness, depression and/or hopelessness. There was limited literature available on military members experiencing feelings of worthlessness, depression and/or hopelessness. Furthermore, limitations to the

number of people accessible to California Health Interview Survey. The analysis of this study was based on available information related to the desired focus of the study. Only individuals with access to phones participated in CHIS, therefore it is limited to those of lower socio-economic status who do not have access to phones. Participants in CHIS could have also opted out in participating in the survey and no significant data would have been recorded. Many military members whether active or not have a stigma against seeking services and self disclosure, therefore depression and substance use may be underreported. Family members may also refrain from disclosing due to the stigma associated with services and self-disclosure.

Recommendations for Future Research

There is a large implication for future research on veterans who use substances and have a correlation with feelings of depression. There is very limited research available on this topic. Historically, research on veterans has focused on substance use or emotional stability but not at the same time. There are high implications for future research on substance use among veterans who feel depressed among the Latino population.

It will be beneficial to research the families of veterans who are using substances and experiencing symptoms of depression to understand their standpoint in this transition. This research can further provide insight on barriers for the family and ways to help family members help their returning service members. Many times family members are forgotten and they too may need professional help. One aspect to research is family structure when a veteran returns home such as what are the family needs, when accommodating to the transition of a returning veteran.

Conclusion

This study extended the understanding of veterans and feelings of hopelessness, worthlessness and depression. It is valuable as social workers to remain professionally unbiased when working with veterans. Social workers are involved with veterans in many different aspects. Resource linkage is one of the main accesses of support for the veteran population. Often times, with the veteran population, society has underestimated the severity of their experiences when exposed to the military culture. It is important to combine efforts and interventions to both veterans and their families to connect them with the appropriate resources available. When providing any intervention, it is with the purpose to reduce the feelings of hopelessness, worthlessness, and depression amongst veterans and/or military personnel. Social workers can empower communities with knowledge and information from research that has found a diversity of emotional norms, which can influence the ability to maintain and interact in social relationships.

APPENDIX

DATA RETRIEVAL FORM

APPENDIX

Demographics:

1. What is your sex?

    1 – Male

    2 – Female

2. How old are you? years

3. Are you Hispanic or Latino?

    1 – yes

    2 – no

Alcohol:

4. In the past 12 months about how many times did you have five or more alcoholic drinks in a single day? _____

5. In the past 12 months about how many times did you have four or more alcoholic drinks in a single day? _____

6. Have you consumed five or more drinks in the past 30 days?

    1 – yes

    2 – no

7. Have you consumed one or more drinks in the past 30 days?

    1 – yes

    2 – no

Smoking:

8. Altogether have you ever smoked at least 100 or more cigarettes in your entire lifetime?

    1 – yes

    2 – no

9. Do you smoke cigarettes everyday, some days, or not at all?

1 – everyday

2 – somedays

3 – not at all

10. On average how many cigarettes do you smoke a day? _____

11. In the past 30 days when you smoked how many cigarettes did you smoke per day? _____

12. In the past 30 days have you consumed more than 2 packs of cigarettes a day?

1 – yes

2 – no

13. In the past 30 days have you smoked a pack of cigarettes a day?

1 – yes

2 – no

14. In the past 6 months have you attempted to quit smoking?

1 – yes

2 – no

Depression:

16. Have you felt sad for 2 consecutive weeks in the past 12 months?

1 – yes

2 – no

17. During the last 6 months have you experienced changes in your behavior (e.g. Distracted, hopeless, disengaged) appearance, thoughts and/or feelings?

1 – yes

2 – no

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