

# Study finds areas of excellence, need for improvement in quality of mental health care

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The care provided by the U.S. military health care system to service members suffering from post-traumatic stress disorder and depression is good in some areas, but needs improvement in other realms, according to a new RAND Corporation study.

In particular, the military health system performs well in following up with [patients](#) after they are discharged from a [mental health](#) hospitalization. The period after a patient is discharged can be a vulnerable time, making follow-up visits critically important for these patients, according to researchers.

The RAND study also found that the vast majority of patients with a diagnosis of PTSD or [depression](#) received at least one psychotherapy visit. This suggests that military patients who receive a diagnosis of PTSD or depression have access to at least some mental [health care](#).

"Regardless of where they serve, where they live or who they are, all members of the U.S. armed forces should receive high-quality [mental health care](#)," said Kimberly A. Hepner, lead author of the study and a clinical psychologist at RAND, a nonprofit research organization. "Developing transparent assessments of care that can be routinely reviewed both internally and externally are essential to ensuring excellent care for all service members and their families."

The study found that there was a need for improvement in some areas of care for PTSD and depression. Although most patients received at least one psychotherapy visit, the number and timing of subsequent visits may be inadequate to deliver evidence-based psychotherapy, Hepner said.

In particular, patients newly diagnosed with either PTSD or depression should receive at least four psychotherapy or two medication management

visits within eight weeks of their diagnosis. Only one-third of patients newly diagnosed with PTSD and under a quarter of those with depression met these established thresholds.

The findings are among the first results from the RAND study that is the largest, most-comprehensive independent look at how the U.S. military health system treats service members with PTSD and depression.

The study reviewed administrative data and medical records of 14,576 active-duty service members diagnosed with PTSD and 30,541 who were diagnosed with depression from January 2012 to June 2012. The review examined whether those service members were receiving evidence-based care in the year after diagnosis.

The study also examined variations in quality measure rates by service branch—Army, Air Force, Marine Corps and Navy—and TRICARE region (North, South, West, and Overseas) as well as across service member characteristics. (TRICARE is a health care program of the military health system.)

While the study found variation in the quality of care provided for PTSD and depression, no military branch or region consistently outperformed or underperformed relative to the others. Researchers also found no consistent patterns of variation in the quality of care by patient characteristics, such as age, gender, pay grade, race-ethnicity or deployment history.

The study recommends that the Department of Defense investigate the reasons for the significant variation in quality measure rates to ensure consistent, high-quality care. A strategy to improve care should be based around quality measures that can be routinely assessed across the military [health system](#), with the results shared broadly both internally and among military members who use the

system.

**More information:** "Quality of Care for PTSD and Depression in the Military Health System: Phase I Report,"

[www.rand.org/pubs/research\\_reports/RR978.html](http://www.rand.org/pubs/research_reports/RR978.html)

Provided by RAND Corporation

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