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What Is the Impact of Using Evidence-Based Treatments for Posttraumatic Stress Disorder and Depression in Veterans?

Since 2001, more than 2.25 million U.S. troops have deployed to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The future health-related costs of these deployments will undoubtedly be high because of physical and mental health injuries sustained during the operations. But calculating those costs is difficult because of the uncertainty underlying the components needed to construct such an estimate. Such components include the number of people injured and seeking treatment, the types of treatment given and the cost associated with it, and the subsequent outcomes that may befall a service member because of impaired health.

Microsimulation models offer a way to address such uncertainty. They can take a hypothetical group of individuals and help predict future cost-related events, allowing the simulated population to experience mental conditions, mental health treatment, and secondary outcomes, such as employment. Microsimulations can treat mental disorders as chronic conditions, allowing for both remission and relapse over time. In this study, researchers used such models to help answer an important policy question: If we increase the use of evidence-based treatment (EBT) for addressing posttraumatic stress disorder (PTSD) and major depression among veterans, will we save money in the long run?

Researchers constructed a microsimulation model to estimate some of the social costs of the two disorders. Based on previous RAND research, they predicted that more than 58,000 of the 261,827 individuals deployed on June 30, 2008, would suffer from major depression or PTSD within two years of returning home. Of those with the disorders, about 50 percent were predicted to be treated, and only 30 percent of those treated would receive EBT.

Based on these figures and using the microsimulation models, researchers found the following results:

- The two-year social costs of major depression and PTSD (which include treatment costs, lost productivity, and the costs associated with suicide) for those deployed to OIF and OEF on June 30, 2008, were simulated to be close to \$925 million.
- If veterans suffering from the disorders were all treated with EBTS, policy simulations suggest that cost savings generated would be \$138 million (15 percent).

The findings suggest that—from a societal perspective—EBT for PTSD and major depression would pay for itself in two years. Although EBT costs more than the treatment usually provided to veterans, it increases the probability of recovering from mental illness, which ultimately increases productivity and reduces the risk of suicide. Also, the estimated EBT benefits in this study are likely to be conservative because they focus on only the two years after return and do not consider the potential costs from other consequences of these illnesses.

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Headquarters Campus
 1776 Main Street
 P.O. Box 2138
 Santa Monica, California
 90407-2138
 TEL 310.393.0411
 FAX 310.393.4818

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This fact sheet is based on Kilmer B, Eibner C, Ringel JS, and Pacula RL, "Invisible Wounds, Visible Savings? Using Microsimulation to Estimate the Costs and Savings Associated with Providing Evidence-Based Treatment for PTSD and Depression to Veterans of Operation Enduring Freedom and Operation Iraqi Freedom," *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 3, No. 2, June 2011, pp. 201–211.

This fact sheet was written by Paul Steinberg. The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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