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Community Reintegration of Veterans After Discharge: A Qualitative Look

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ABSTRACT
The majority of examined literature generalizes veteran experiences after serving in Iraq or Afghanistan, identifying a research gap specific to veterans' experiences reintegrating into their communities and daily lives. There is a lack of evidence pertaining to occupational therapy service provision in veteran community reintegration. Colaizzi's phenomenological qualitative approach was used to analyze data from semi-structured interviews to define themes from seven participants. Convenience and network sampling were used to recruit participants until reaching saturation. Eight themes were identified related to the participants' experiences reintegrating into their communities post-discharge. Each veteran had a unique reintegration process dependent upon their experiences during active service; sustained physical or mental health conditions from service; environmental and social support; and plans after discharge. The participants highlighted the challenges and supports faced post-discharge from active duty. The results of this study identified support systems, utilization of VA services, and experiences with mental health impacting transition to civilian life. Further research is needed to enhance services offered to veterans post-discharge, including the expansion of occupational therapy services with this population.

KEYWORDS: Veteran, community reintegration, mental health, social support

Community Reintegration of Veterans After Discharge

As the presence of the United States military in Iraq and Afghanistan has decreased rapidly in recent years, an influx of military veterans are returning home to civilian life. Veterans must transition back into society following a period of active duty, presenting them with unique challenges as they establish and navigate new life roles. Each veteran has an individual service experience which leads to unique mental and physical health implications post-deployment, impacting veterans' ability to function in their roles, communities, and daily lives. As military personnel transition back into civilian life, resources provided by the Department of Veterans Affairs (VA), such as occupational therapy (OT), can help to address the needs of this population.

The *Occupational Therapy Practice Framework, 4th Edition* (*OTPF-4)* describes OT as "the therapeutic use of everyday life occupations with persons, groups, or populations for the

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purpose of enhancing or enabling participation" (American Occupational Therapy Association [AOTA], 2020, p. 1). In this context, occupations are defined as any daily activity a person needs or wants to do that brings meaning to their lives. A core value of OT is to enable clients to participate in meaningful occupations including leisure, social participation, rest and sleep, and work (AOTA, 2020).

The foundation of OT is rooted in mental health, as the practice originated during World War I, rehabilitating veterans by replacing the rest cure with the work cure (Christiansen & Haertl, 2019). The rest cure placed the individual on bedrest throughout their illness or injury, while the work cure provided veterans with activities and opportunities to participate in meaningful occupations. Over the past hundred years, OT has expanded its influence to treat individuals across the lifespan. The modernization of the US military and healthcare systems has led to the need for change in resources, creating an opportunity to evolve OT treatment methods specific to the veteran population.

Background

Over the past 20 years, the US has voluntarily engaged in the longest war in this country's history with over two million service members deployed to Iraq and Afghanistan (Elnitsky et al., 2017). As military personnel transition out of active service, most will receive VA benefits such as a pension, vocation services, health insurance, and disability compensation (U.S. Department of Veteran Affairs [VA], 2023).

All military personnel must go through a comprehensive medical evaluation through the VA after being discharged from service (VA, 2023). The VA is charged with providing medical care to eligible veterans after discharge from military service. VA services include primary care, specialists, mental health, rehabilitation, medical equipment, and prescriptions. Mental health services covered by the VA include treatment for posttraumatic stress disorder, military sexual trauma, depression, and substance abuse (VA, 2023). The VA currently utilizes the Veteran Reintegration Initiative through the Center to Improve Veteran Involvement in Care (CIVIC), a research initiative that would allow the department to collect data on the veteran experience with a goal of "improving reintegration into civilian life" (VA, 2024, p. 1).

With an unprecedented rate of military personnel surviving combat (Taff et al., 2016), there is a focus on strategies to optimize quality of life during reintegration into society. A reported 23% of veterans are diagnosed with post-traumatic stress disorder (PTSD) and 33% have symptoms of depression (VA, 2021). These impairments directly affect a veteran's quality of life and inhibit them from engaging in meaningful activities (Kinney et al., 2020). The inverse is also true in that participation in meaningful activities improves veterans' mental health and quality of life (Kinney et al., 2020; Taff et al., 2016).

Community reintegration, as it relates to the military, describes the process of a service member going back to their home community after deployment or discharge (Elnitsky et al., 2017). In the context of this study, community reintegration refers to the process of transitioning to civilian life after discharge from the military. A veteran's discharge from military service initiates a cascade of change in roles, social structure, career, finances, and community, in addition to possible physical and mental health injuries from deployment. Even without physical or mental health challenges, 25% of veterans reported difficulty reintegrating back into their community based on issues that include, but not limited to, social function, relationships with family and friends, self-care, financial strain, education, and employment (Elnitsky et al., 2017).

Many service members face mental health challenges upon discharge from military service (Spencer et al., 2023). More than half of the 2.5 million veterans from Iraq and Afghanistan have been diagnosed with at least one psychiatric disorder including depression, anxiety, or PTSD. Some veterans face multiple conditions, known as polytrauma, including mental health diagnoses, chronic pain, and mild traumatic brain injury (Spencer et al., 2023).

Stigma and lack of knowledge can delay seeking mental health services. Adults wait years prior to seeking mental health treatment, if help is sought at all (Drebing et al., 2023). Veterans may delay seeking mental health services or drop out of programs prior to completion (Drebing et al., 2023). Veterans with maladaptive avoidance-based coping skills and decreased exposure to resilience-based coping skills have more challenges with reintegration (Spencer et al., 2023). The risk of mental health struggles are significant within the military, with elevated risk of suicide noted among transitioning servicemembers and veterans (Geraci et al., 2023). In a study involving veteran focus groups within a large network of substance use recovery homes in the United States, some participants reported experiencing mental health stigma from their peers and other residents, making them feel like an "outsider" and verbalizing concerns of violence (Guerrero et al., 2021, p. 1543). These veterans reported their issues, such as PTSD, were viewed stereotypically and perceived as dangerous. Self stigma can also be a barrier to veterans seeking help and support (Love, 2024). In response, the VA recommends education to move past misconceptions with a focus on facts and improving thought processes to recognize self worth.

To combat stigma, research suggests educating the public and promoting contact with the stigmatized group (Mamon et al., 2020). In this research study using storytelling narrated by veterans, participants shared their stories with the public. This facilitated education, provided accurate information about the veteran population, and humanized this population to the public. The study found that 100% of veterans involved found the experience to be helpful, while 66.6% felt it made them more willing to open up to others. The study also found that 87.5% of the audience felt the event helped them better understand the experience of veterans and made them more interested in veteran issues. This suggests that this type of experience has great potential to improve how veterans are perceived and reduce negative biases (Mamon et al., 2020). OT can help to facilitate this educational sharing between the veteran population and the public to help reduce stigma.

Occupational therapy practitioners (OTPs) have extensive training in the dynamic interplay between the person, occupation, and environment and the impact on occupational performance and engagement, outlined in the Person-Environment-Occupation-Performance (PEOP) model (Brown, 2019). An aspect of community reintegration that influences this transition involves the relationship veterans have with their physical, institutional, psychosocial, and socio-economic environments. Through the lens of the PEO-P model, OTPs focus intervention on the interaction of personal and environmental factors to improve engagement in occupations and occupational performance (Brown, 2019).

OTPs have the skills to address mental health needs in the veteran population, including feelings of being a burden to others, lack of belonging, feelings of social isolation, relationship challenges, and sleep problems (Kashiwa et al., 2017). OTPs are skilled at evaluating factors that contribute to stigma and lack of participation and intervening to improve occupational performance. Successful coping strategies learned in OT can help improve feelings of belonging and reduce stigma. Client centered care, provided in both individual and group therapy sessions, can help veterans build the skills needed to integrate into the community (Kashiwa et al., 2017).

Literature Review

Military personnel returning from active duty commonly present with enduring mental and physical impairments that greatly impact their ability to participate in daily activities and relationships (Sherman et al., 2015; Taff et al., 2016). Sayer et al. (2011) and Sherman et al. (2015) determined key areas that are significantly affected post-deployment such as mental health, perceived meaning of life, role function, social relationship, family life, spirituality, physical health, leisure, work, and financial well-being. Most literature about veteran reintegration reveals mental health challenges and lack of social support as the deciding factors of post-deployment success in veterans (Sayer et al., 2011; Sherman et al., 2015; Taff et al., 2016; Vogt et al., 2016). Veterans who had greater mental health challenges experienced greater obstacles in their reintegration experience (Vogt et al., 2016). PTSD and substance use were the prevailing mental health challenges, and the lasting effects of these led to decreased community involvement, satisfaction, and quality of life (Kinney et al., 2020; Taff et al., 2016; Vogt et al., 2016).

Lack of social support caused veterans to withdraw from the community, increased their mental health challenges, and decreased their perceived quality of life (Kinney et al., 2020). These mental health and social support challenges also pose a threat to personal relationships, work pursuits and outcomes, sleep quality, and the ability to cope in a healthy manner. Overall, mental health and social support play a key role in veterans pursuing personal interests and community participation (Kinney et al., 2020; Sherman et al., 2015; Taff et al., 2016). A qualitative study by Sayer et al. (2021) identified what veterans perceive to be important for the general population to understand to support veteran reintegration: a cultural divide exists between the military and civilians and there are specific actions such as validation and assistance with locating appropriate services that can help to bridge the gap, particularly related to employment.

The Veterans Health Administration identified community reintegration as a priority due to the high volume of veterans reporting difficulties (Besterman-Dahan et al., 2023).
After discharge, there are many services available for veterans to utilize in their transition to civilian life. The VA serves the needs of veterans through a complex health care system to address physical and mental health needs. The Veterans Health Administration initiated a research program to address concerns, titled Enhancing Veteran Community Reintegration Research (ENCORE) by "promoting innovative research and knowledge translation (KT) that informs and improves equitable VA policies, programs, and services" (Besterman-Dahan et al., 2023, p. 1). This five year research program, ending in 2024, aimed to identify areas for improvement in community reintegration (Besterman-Dahan et al., 2023).

A pilot study conducted by Drebing et al. (2023) at a VA hospital trialed a program using filmmaking to address community reintegration and enhance engagement for 40 veterans with untreated mental health symptoms. Among the small sample size, 0% had sought mental health treatment prior to engaging in the filmmaking intervention, while 60% reported actively seeking care post intervention, indicating increased participation in VA services among these community dwelling veterans (Drebing et al, 2023). With more than 60% of veterans not utilizing the Veterans Healthcare Administration, programming such as this may increase veteran participation.

A randomized controlled trial funded by Columbia University and supported by the U.S. Department of Veterans Affairs studied the Expiration Term of Service Sponsorship Program (ETS-SP) (Geraci et al., 2023). This program assigned one-on-one certified sponsors to support transitioning service members during the reintegration process. When compared to a veterans group that participated in community social activities, program participants had fewer

reintegration difficulties over 12 months. Results suggest the mentors helped ease the transition. Mentorship is not a new idea within this population. In fact, the VA utilizes mentors by employing Peer Support Specialists, allowing veteran peers to work as members of interdisciplinary teams in VA healthcare (Geraci et al, 2023).

There are also private for-profit and nonprofit organizations created to serve veterans. Community programming, such as Vets & Friends (V&F), helps restore veteran connection to community for those struggling with moral injury and trauma (Balmer et al., 2020). The U.S. Department of Labor offers programming and funding to companies offering jobs to veterans and to organizations assisting with homelessness, creating opportunities for private companies to assist with reintegration and transition into civilian roles (U.S. Department of Labor, n.d.).

Key areas of occupational performance that are challenging for veterans include engagement in relationships, school, physical health, sleeping, and driving (Plach & Sells, 2013). These performance issues coincide with the broader context of reintegration related to mental health, employment, and social support challenges.

There are a number of studies addressing the issue of community reintegration. The majority of the literature generalized veteran experiences, with limited examination of the details related to veterans' return to previous life roles such as work, self care, household management, and healthy leisure pursuits that support self efficacy and self esteem. This was a gap in the literature related to individual veteran experiences of reintegrating into their local communities and everyday lives post-discharge. There is a lack of evidence pertaining to the specific nature of community OT service provision in veteran community reintegration. The purpose of this study is to provide a better understanding of the lived experiences of individual veterans who served in Iraq or Afghanistan in the past 20 years as they reintegrated into their communities in order to enhance the services provided to military veterans within the scope of OT practice.

Methods

Study Design and Sampling

A descriptive, phenomenological design was used to gain understanding regarding the community reintegration experience of veterans who served in Iraq or Afghanistan within the last 20 years. This study design allowed researchers to gain insight into the individualized experience of each participant including the impact of military branch and duties, combat experiences, length of service, social support, and experiences upon returning home. The ethical implications for this research study were reviewed and approved by the University Research Review Board.

Researchers used purposeful sampling to identify participants who met inclusion criteria of serving in the United States military in Iraq or Afghanistan within the past 20 years. Potential participants were excluded if they were still actively serving in the US military, were not deployed to Iraq or Afghanistan after September 11, 2001, did not answer at least 50% of interview questions, or gave answers that were inappropriate or unrelated to the purpose of the study. Convenience and network sampling were used to recruit participants known by the members of the research team and faculty at the University. Snowball sampling was used to recruit additional veterans who might be interested in sharing their experiences. Advertisement fliers were posted on social media and around the Charlotte, North Carolina area in VA centers and businesses that serve military veterans.

Once a potential participant was identified, an e-mail containing a research flier and the details of the study was sent. Once the research team was contacted by a veteran interested in the study, informed consent and digital demographic forms were shared. The research study was conducted through in person or virtual semi-structured interviews, with predetermined questions to guide the conversation.

Participation in this research study was voluntary, with no direct benefit or compensation for the participants. The informed consent signed by participants included notices of the right to withdraw from the interview at any time and to refrain from answering any of the outlined questions; there was notification that the interview could bring up sensitive topics pertaining to their military experiences or trigger psychological responses. As a result, participants were notified that each member of the research team was legally bound to alert public safety if a participant revealed a desire to hurt themselves or others.

Ten participants completed the consent form between January 24, 2022 and March 11, 2022. Of the ten participants, one did not meet inclusion criteria and two did not respond to follow-up communication. The recruitment process and interviews continued until saturation was reached. At that point in time, the researchers had conducted and analyzed seven interviews. The age of participants was between 32-57 years old with a mean age of 41 years. Six of the participants served in the Army and one in the Marine Corps with a range in service duration from 6-23 years. Three of the participants served in Iraq and four of the participants served in Afghanistan with a mean of 1.7 tours of duty.

Data Collection

Data were gathered using a semi-structured interview script developed by the researchers. No pre-existing standardized assessment captured the in-depth information sought. Questions were formulated based on desired information regarding military discharge and the impact on community reintegration and participation in occupations (Sherman et al., 2015). Follow-up questions were asked as needed to gain further insight into the participants' specific experiences with discharge and transition to civilian life.

The theoretical framework employed to develop questions for the semi-structured interviews was the Person-Environment-Occupation-Performance (PEO-P) model, which examines the impact of intrinsic and extrinsic factors on occupational performance and participation (Brown, 2019). The semi-structured interview questions collected data to gain knowledge about each participant's personal and environmental factors contributing to their occupational performance and engagement as they returned to civilian life after discharge such as initial reintegration experiences, social support, sleep quality, and use of VA services. See Figure

Figure 1
Veteran Reintegration Semi-Structured Interview Questions

1. Can you tell us about your experience in the military?
2. Service History Review
    a. Where did you serve?
    b. What was your job?
    c. How long have you been back in the US?
    d. Do you have any physical injuries from serving?
3. Can you tell us about your transition from service to civilian life?
4. Where did you return to after discharge?
5. What do you do for fun or relaxation?
    a. How has that changed from before your service, during your service, and after discharge?
    b. Did you have any difficulty returning back to your interests?
6. Do you currently work?
    a. Is your current job related to what you did in the military?
    b. Describe your experience with choosing and finding a career after discharge.
7. Have you used the VA for medical care? Are you still using the VA for medical care?
    a. If so, how?
8. What were you offered during your transition back into the community after discharge?
    a. For example, did you have medical care, mental health care, job services, or training?
    b. Did you utilize any of these services? Which one(s)? Why or why not?
    c. What other services do you feel like you would have benefited from? Are there any services you would have liked to have been provided?
9. Tell us about your experiences with mental health diagnosis (if applicable).
10. Do you now or have you ever used drugs or alcohol to cope with your military experience?
11. Talk about how your sleep has changed before, during, and after military service.
12. What did your social support network look like when you transitioned into civilian life?
13. What does your social support network look like now?
14. What successes have you experienced since being discharged?
    a. Is there anything you would have liked to do differently after being discharged?
15. Is there anything else you would like to share?

Data collection was initiated on January 26, 2022 and concluded on March 18, 2022. Interviews took place in person at the university or online via Zoom. Scheduling for interviews occurred as participants completed electronic consent and demographics forms. One primary interviewer was responsible for contacting the prospective participant to schedule interviews, sending emails to confirm time and provide the Zoom link for the interview, and asking scripted questions. The secondary interviewer was responsible for field notes and follow-up questions. All members of the research team interviewed participants in a predetermined rotation with the secondary interviewer moving into the role of the primary interviewer as participants were recruited. After each scheduled interview, the primary and secondary interviewers discussed field notes taken throughout the interview, body language, and the responses given by the participant, contributing to researcher triangulation.

Bias was reduced through rotating researchers in each interview and ensuring there were no personal connections to the participant being interviewed. Interview recordings were transcribed automatically using Office 365 dictation software. Interview data were then refined by interviewers to ensure proper transcription and readability. Each participant's identity was removed after their interview and renamed during transcription and coding.

Data Analysis

Data analysis began after the first interview was transcribed and cleaned on February 10, 2022 and ended on March 18, 2022 after researchers identified significant themes utilizing Colaizzi's phenomenological method to ensure an auditable decision trail (Colaizzi et al., 1978). Data were independently analyzed by each researcher through open coding to identify and organize participant experiences from military service and discharge. After coding the first interview individually, the team met and developed group code descriptions in Microsoft Excel to select and establish concepts and verbiage. Researchers then transitioned to utilizing the established group code descriptions in the separate coding of subsequent interviews, adding new codes as they emerged from the data. Codes found by individual researchers were consolidated into categories for each interview transcript.

The iterative process used for data analysis included techniques to strengthen the data and increase the trustworthiness of the findings. Researcher triangulation occurred when team members came together with their individual codes to create and agree on a master code and address researcher bias, improving the dependability of this study. A detailed audit trail was outlined to track coding decisions and increase dependability and confirmability. Regardless of individual experiences, participants' responses focused on topics that were consistent with the resulting identified themes, which signaled data saturation. Consistent with Colaizzi's phenomenological method, findings were shared with participants when data analysis was completed.

Results

The master codes were analyzed, and eight themes emerged from the data. The eight themes are as follows: mixed feelings towards VA services; clarity of career path influenced transition outcomes; stigma regarding mental health in the military; sleep disturbances; impact of coping skills on mental health; environmental and social supports improved reintegration; initial experience coming home after discharge; and meaningful roles and leisure pursuits signaled enhanced quality of life. Themes were considered representative of the sample when more than 50% of participants discussed the topic. Data contributions from each participant was cross checked with the final themes. See Figure 2.

Figure 2
Frequency of Occurrence of Themes by Participant

Themes:	1	2	3	4	5	6	7
Mixed feelings towards VA services	X	X	X	X	X	X	X
Clarity of career path influenced transition outcomes	X	X	X	X	X	X	X
Stigma regarding mental health in the military	X	X	X	X	X	X	
Sleep disturbances noted across the board, regardless of diagnosis	X	X	X	X	X	X	
Impact of coping skills on mental health	X	X	X	X	X		
Environmental and social supports improved reintegration	X	X	X	X	X	X	X
Initial experience coming home after discharge	X	X	X	X		X	
Meaningful Roles and Leisure Pursuits Signaled Enhanced Quality of Life	X	X	X	X		X	X

Theme 1: Mixed Feelings Towards VA Services

Mixed feelings toward VA services emerged as a theme from varying perspectives and utilization of VA services among participants. This theme appeared in the data as each participant's experience highlighted their unique needs and emotional struggles when transitioning back into the community post-discharge. Some participants felt as though the VA did not prepare them for reintegrating back into their everyday roles they had to leave behind when deployed, with one participant stating the following:

> The U.S. has been making soldiers and going to war for a couple hundred years. They know how to create good soldiers, but that is it. It is no longer their problem. They don't have that formula to fix what is broken…. The problem is you send someone to Vietnam or Afghanistan, and you teach them how to kill and how to do all those terrible things that happen in war, but they don't teach you how to become a person again, to become a human again.

Participants were forthcoming with aspects of the VA they liked and disliked along with services they thought could be improved or added to benefit military personnel as they reintegrate into society post-discharge. One participant summarized their thoughts:

> Because the army's biggest concern is that veterans go out and they get addicted to drugs. They become homeless and, like, that's a bad look for the military. So, they're like, "we don't really care where you go as long as it's not there." So, they'll put you wherever…. The transition program out [sic] is really focused on that.

Overall, participants felt career placement services through the VA did not address individual needs and identified a need for increased focus on the individual's career goals post discharge. Twenty-eight percent of the participants specifically stated that the VA does not have adequate support for transition to civilian careers. VA services are multifaceted and the participants' utilization of them varied depending on their reintegration needs.

Theme 2: Clarity of Career Path Influences Transition Outcomes

Plans for existing and future career trajectories were found to positively influence transition outcomes among participants because their career paths directly influenced their identified successes during reintegration. Financial stability and safe housing for living situation stability also greatly influenced the transition back into the community with job security and financial gain playing positive roles throughout the process of community reintegration, as a participant described their transition:

> When I left the army, I was stationed in Texas, and I was an orthopedic surgeon…. I was the chief of the Ortho department there, and when it was my time to be done, I transitioned to a civilian practice that was only about two hours away. So, it was very easy to set things up as I was transitioning out. I was already in Texas.

Eighty-six percent of participants did not have a clear career path upon discharge. Several found work through individuals in their support network:

> I had someone who was a junior leader of mine when I was a young junior officer, and she had transitioned out, and like, she's a friend. I had kind of seen her transition. She did what I thought was a great job…. Uhm, so they tried to put you in a box, and she did a good job of not getting put in the box. So, I reached out to her, and found a couple [of outside] transition programs….one was this kind of job placement startup that was focusing on veterans and getting them into tech.

Finally, one veteran, who had an exceptionally difficult transition back into civilian life, leaned on a VA domiciliary that provided a place to live, rehabilitation from their time serving, and an opportunity to slowly assume work responsibilities and life skills until they were able to live on their own:

> So, when I got to the domiciliary, it's six months and they start real [sic] small. And it is just getting up in the morning to go to roll call, then to breakfast, then to a few meetings here and there. You do that for a couple weeks. Then, from there your workload gets a little heavier. After two to three months, you go to work, but it is not a real job. You get two to three dollars an hour. You know, so you can buy simple things. It's to build habits and begin working again.

Based on the data provided by participants, there is a clear challenge for veterans to find meaningful work to build civilian careers after discharge.

Theme 3: Stigma Regarding Mental Health in the Military

Stigma around mental health has been a consistent issue for the VA and negative perceptions create a barrier for military personnel seeking treatment (Balmer et al., 2020; Graziano & Elbogen, 2017). Eighty-six percent of the participants affirmed that they believed there is stigma in the military regarding mental health. The participants in this study felt that the military, as an institution, propagates the message that weakness in any form is frowned upon. A participant stated, "You know, it's still kind of that good old boys' club, machismo club. You know, just like showing physical weakness, they don't want to show any kind of weakness at all."
Another participant shared, "I didn't actually like look for any help until I was out of the military. In large part because I was afraid of like what it would do for like my career or how would it affect me". They went on to state, "that made it hard to feel OK with like if I'm going to get help or something and feel like it isn't going to come back as some sort of like negative consequence."

A third participant shared similar views related to consequences of showing vulnerability and seeking help:

> I think it's [stigma] exacerbated in the military because in the end there, what happens if you have a mental issue and you're deemed combat ineffective, and you're taken off the line, right? ....you have to harden people, sometimes emotionally, physically like to make it through those things and make those hard decisions and to cope with that. And so it's almost like it's business as usual because they think it has to be, rather than can we take some kind of long term approach about how can we invest in this to destigmatize it so that we have people that are not just physically and mentally tough?

Multiple participants discussed the stigma associated with the "6th floor" or the psychiatric floor of the VA. Even though medical personnel are required to maintain confidentiality, the close-knit nature of the military provides opportunity for peers to become aware when a fellow service member makes a visit to the "6th floor." One participant summarized the general attitude about this:

> But I don't necessarily feel like when you use them, there won't be reprehension for whoever uses them. Now, they say there's not. They say it'll never affect you. They say it's all closed, nobody knows; but when you're in a unit in the Army, it's kind of like being in a classroom in school. You know everybody's everything. You know what I mean? You know when somebody's going to the sixth floor, when somebody's seeking help.

Among participants, the feared consequences of seeking mental health services carried over post-discharge, along with the desire to maintain an image of strength. The negative stigma associated with mental health impacted military members during their service and reintegration post-discharge.

Theme 4: Sleep Disturbances

Sleep disturbances were a prevailing issue, as 86% of participants in this study reported experiences of poor sleep upon discharge from the military. Factors such as military experience, deployment location, and mental health symptoms impacted quality of sleep after service. While in active combat zones, military service members reported they were required to sleep at odd times

in inconsistent locations, impacting sleep and wake cycles. This is evident in a statement by a participant, "I can sleep standing up, you learn to do that over there [Iraq].... You did whatever you had to do. You prop your head up behind you. You figure out how to sleep for a couple minutes."

Due to the varying job demands during service, participants were forced to adapt their sleeping patterns. These circumstances led to recurrent sleep disturbances as participants returned home and had to break the poor sleep habits they developed during their deployment. They also identified that learned behaviors related to waking on a moment's notice during service impacted their ability to sleep soundly when returning home without listening for gunfire, sirens, radio calls, or their commanding officer's voice. The nightmares of events from deployment impacted veterans, resulting in poor sleep and diminished participation in daily activities.

The participants' sleep patterns post-discharge presented a unique challenge as they were forced to grapple with the toll sleep disturbances had on daily functioning. Without proper coping mechanisms or education to promote sleep, maladaptive coping skills were utilized to create reprieve from prolonged exhaustion. One participant described their experience:

> I started drinking because I couldn't sleep. I thought it was normal. At first it was a couple beers. After a few weeks it was a case of beer. After a while it was a case of beer and a bottle of whiskey, then going to the bar afterwards. That's just while I was in the army. So, this goes on for a while and I start using drugs to help me sleep.

As time since deployment passed, some participants established sustainable coping skills to improve sleep while others reported persistent sleep disturbances. This theme demonstrates the need for healthcare professionals to address rest and sleep with this population.

Theme 5: Impact of Coping Skills on Mental Health

The quality of the participants' coping skills impacted their ability to battle the mental health challenges they experienced post-discharge. Forty-three percent of participants were formally diagnosed with a mental health condition after serving in the military while 86% of participants discussed that their mental health was a challenge during reintegration. The one participant whose mental health was not challenged during their service or post-deployment explained their belief that it is the responsibility of commanding officers to identify service members who do not possess proper coping skills to perform their required duties.

To combat mental health symptoms, participants had to develop coping skills to navigate these challenges following discharge. Without guidance, participants were on their own to establish either positive or negative coping skills. Some negative coping skills established during service carried over into community reintegration, while others developed negative coping skills upon their return to civilian life. The development of maladaptive coping skills as a result of experiences during deployment hindered participants' ability to participate in daily life, as described by a participant:

> When I got back from Afghanistan in, like, the dark days, to unplug from the world around me was just, like, you know, a fifth of vodka and [an] Xbox and that would be an easy way to, like, not have to pay attention to life for a few hours.

Attempts to escape the world and memories of war marked the lives of 71% of participants following discharge. Without healthy coping skills, participants turned to substance use and/or

self-isolating behavior. These maladaptive coping skills inhibited participants from being fully functioning members of society. As time progressed, participants became aware of the harmful effects of these coping mechanisms while simultaneously developing a stable support system, which allowed them to replace those mechanisms with positive coping skills. One participant described how their coping mechanisms enabled community participation, "We don't do a lot of stuff with a lot of crowds. We do sometimes, but [wife] always does research ahead of time to see what the seating arrangement is [sic], how many people are expected, and stuff like that." The establishment and development of positive coping skills impacted the transition for participants through exercise, avoiding triggering circumstances, therapy, and leisure participation.

Theme 6: Environmental and Social Supports Improved Reintegration

Positive support from family members, friends, colleagues, and other environmental factors influenced veterans' return to civilian life. Seventy-one percent of the participants identified their spouse as their strongest source of support which positively influenced their transition into their communities. Veterans who had positive and lasting social support post-discharge had a smoother transition reintegrating into their society than those who described an overall lack of social support immediately after discharge. A participant described the supportive role their manager at work played in their reintegration stating "you should be more open about [your service].. That is a strength of yours that…is part of our diversity as a team, and that makes you better."

Participants reported that maintaining a connection with those in their unit and others they were deployed with was a strong social support for them as they returned home. Avenues for social connection utilized by participants included participation in organizations such as the VA and American Legion chapters around the country as seen when one participant stated the following:

> Join the VFW [Veterans of Foreign Wars] because once you get in the VFW and become active, they have a whole list of services that they [sic] can help you, resources that become accessible to you. If you're not a veteran of a foreign war, join the American Legion, 'cause guess what? They got [sic] the same set of resources that they can point you to.

Positive social connections, of any variety but especially those positively connected to military service, appeared helpful for this population during transition into communities.

Theme 7: Initial Experience Coming Home After Discharge

The process of reintegrating into society post-discharge was not linear; many participants described that they felt out of touch with their family and friends upon returning from service. Many of the participants hoped to pick up right where they left off once they returned to their communities; however, their friends and families had to continue their lives without them. This feeling of displacement became a constant reminder after the participants returned from deployment:

> When you're gone for 18 months, everyone else you know are…still living their lives…. So, coming back and trying to catch back [sic] up with everyone, and then, you know, no one [understands] you because no one [went] through those experiences…. So, that was difficult, and that kind of made me more self-isolating. I think, just because everyone had their

> lives, and their families, and their regular jobs, and I didn't have a job for a long time.

One participant specifically discussed how they felt out of place once they returned home because their spouse had grown accustomed to fulfilling all child care duties independently and stated, "you're kind of an outsider, and your family is used to functioning without you because they've had to. So then suddenly, you come in, and sometimes you feel a little useless."

It can be a difficult process to transition from being an active service member to a civilian post-discharge due to specific experiences while in the military. Many of the participants expressed the need for time to readjust to their lives immediately after deployment. One participant talked about missing the routines in place while serving in the Army and another participant mentioned they had no time to decompress because they were in active combat one week, and spending time with their father the next. Every experience was unique; not every participant needed the same amount of adjustment time. Many found it difficult to talk about their time during active service when returning to civilian life, which led to a disconnect with other people in their lives. One participant found it more comfortable to express what they faced during deployment when they were around other veterans who had experienced similar situations.

Theme 8: Meaningful Roles and Leisure Pursuits Signal Enhanced Quality of Life

The majority of the participants joined the military right after high school. As these veterans returned to their homes and communities after discharge, they went through a period of adjustment and a shift from the life roles they experienced while serving. Many of the participants experienced a role change, such as becoming a parent, which gave new meaning and purpose to their lives post-deployment. One participant stated that "having a kid is probably the best thing in life. People say having a kid, you take it for granted. But it is an impactful change in your life. Your whole life shifts. Your whole mind shifts." This role change into parenthood brought about new responsibilities and opportunities to partake in leisure pursuits as a family, further improving quality of life.

The participants were able to take an active part within their families and explored new leisure activities, both as a family and individually. Many participants expressed that activities they enjoyed post discharge included exercising and spending time outside with their families. Other participants made an effort to spend more time with their friends as well. Participant 6 enjoyed "just spending more time trying to have, like, fun experiences and appreciating, like, social gatherings [and] … spending time with the people you care about." The veterans in this study also found it important to partake in leisure activities outside of their families and 57% of the participants wanted to engage in similar activities they enjoyed prior to military service.

Discussion

This study examined the lived experience of post-9/11 veterans who served in Iraq or Afghanistan as they transitioned from active service to civilian life. This is one of the first in-depth explorations of post-discharge experiences of individual veterans through the lens of occupational performance and participation. In addition to the eight main themes, other notable findings include the importance of meaningful civilian work and financial stability for participants' success post-discharge.

Theme 1 demonstrated a need for additional services as veterans transition home and back into the workforce. All participants utilized VA services directly after discharge, but only 71% of them used these services for medical care post transition. Many military veterans state that the VA has a broad range of service opportunities, but not everyone uses them (Ahern et al., 2015). The participants who continued to utilize VA services post-discharge did so for medical care and health-related conditions. Participants who felt positive about VA services gave the advice for fellow veterans to be patient with the VA and continue to seek support if transition to civilian life is difficult. The VA is poised to support veterans with their transition to civilian life, but there are long term risks if military personnel have a difficult transition and do not receive the assistance they need (Spencer et al., 2023). Each veteran's transition to civilian life is unique; the VA could make changes in their discharge process to have a more standardized and accessible procedure for every service member during and after deployment to ease their transition. A personalized discharge plan for every veteran would ensure all screenings are completed and next steps identified to enhance the individual's transition into their community.

Experiences of meaningful work after discharge varied across the seven participants. The results were consistent with earlier research findings that participants who entered the military after graduating from college had a better understanding of their career path after discharge, allowing for greater financial stability and an easier transition into civilian working roles (Elbogen et al., 2012). Conversely, several participants received little direction or assistance from the VA in finding work after discharge, requiring veterans to use personal networking and manual labor skills to find gainful employment. Post-deployment adjustment problems such as money management, finding civilian work, emotional and mental health difficulties further complicated the reintegration process (Spencer et al., 2023). Career roles and financial responsibility in the military differ widely from civilian life; additional VA program services are needed to bridge this gap and assist veterans with this transition. Working in conjunction with employers, professionals such as occupational therapists could assist with this transition into meaningful employment, including the occupations that contribute to a healthy employee and community mobility (Plach & Sells, 2013).

This study supports previous research regarding the barriers resulting from service-related physical and mental health conditions when searching for civilian work (Amick et al., 2018). Considering the lack of accessible or relevant VA resources related to physical and mental injuries from service, there is an increased need for holistic VA services. This reveals an opportunity for the VA to individualize services, including mental health programming and career placement services. These considerations could provide opportunities for veterans with a range of work experiences, skills, interests, and passions in order to experience meaningful social and work opportunities post-discharge. In addition to VA efforts, civilian community members could play a role in supporting veterans to receive beneficial mental health services; this would entail promoting health literacy about this topic and decreasing stigma surrounding veteran mental health (Sayer, et. al, 2021). Professionals, including occupational therapists, through targeted community programming, could impact how these mental health needs are met and how care delivery systems are established (Plach & Sells, 2013).

Analysis of the data revealed a link between positive social support and positive coping skills in improving occupational performance after discharge. The development of positive relationships with spouses, family, friends, colleagues, and fellow veterans provided participants with an outlet to grow personally and find meaning in their lives. Evidence from previous research supports these findings, as veterans who have mental health challenges are more likely to seek out treatment and be successful members of society when they have positive social support (Graziano

& Elbogen, 2017). Without proper social support, veterans turned to maladaptive coping mechanisms including substance use and self-isolation (Ahern et al., 2015). Consistent with research conducted by Tsai et al. (2012) that described the decreased quality of life of veterans with diminished or absent social support, participants without positive coping skills experienced a longer adjustment period and decreased occupational performance. Additionally, the results of this study were consistent with related evidence that as time passed, maladaptive coping mechanisms decrease while health and well-being increase as veterans find new avenues for social support and development of positive coping skills (Ahern et al., 2015). Healthcare professionals should be aware that encouraging positive social and environmental support could contribute to improved outcomes.

Another significant finding from this research study was the prevalence of sleep disturbances that impacted veterans' ability to participate in daily occupations. Participants described multiple ways sleep disturbances negatively affected their transition back into civilian life and the different coping strategies they used to combat these challenges. Troxel et al. (2015) described that sleep disturbance is common among service members and typically persists over time causing chronic sleep issues that negatively affect reintegration. With knowledge of the negative physical and mental health outcomes associated with poor sleep, this study found a direct need to address sleep disturbance with veterans. Participants identified positive social supports and coping strategies as influencers of overall sleep quality. By assessing the specific mental and physical needs of the individual, the OT practitioner can address daily occupational performance, including sleep, through environmental adaptations and personal routine changes to improve sleep quality and quantity from a client-centered perspective (Brown, 2019).

Regardless of individual perceived mental health challenges and existence of formal psychological diagnoses, 86% of the participants described challenges that relate to altered mental health from their time in service. These challenges appear in the data as maladaptive coping mechanisms, sleep disturbance, impaired ability to participate in social relationships, and lack of engagement and purpose in life post-discharge. Many participants explained how the military urges a mentality of toughness when soldiers need to take time to address their mental health concerns. Others discussed that seeking help for mental health could put their career at risk. Mittal et al. (2013) examined military culture and found it "promotes invincibility among soldiers, and acknowledging mental illness is likely to be viewed as a sign of weakness and a potential threat to their careers" (p. 90). The findings of this study are consistent with previous literature that examined mental health stigma as it relates to systemic mental health challenges and hesitance to obtain mental health services. The implications from these studies could include that a culture shift towards support and inclusivity would benefit reintegration success and overall veteran mental health (Sayer, et. al, 2021). Theme 5 highlights another area where potential healthcare services can provide such support.

Several participants also compared their active service experiences as less traumatic than the experiences of fellow military personnel. Forty-two percent of participants minimized their experiences of combat and trauma by saying other service members had it worse. In the context of mental health, participants were apt to downplay their experiences while discussing challenges they faced during their community reintegration as they felt other veterans had more to overcome and it was not their right to experience these mixed feelings and mental health challenges. The relationship between these findings and the marginalized occupational performance of participants presents the need for additional individualized resources and support post discharge.

Limitations

The researchers used convenience sampling to recruit participants for the study and a majority of participants had a personal connection with the researchers. Researchers did not conduct interviews with participants they knew in order to reduce bias. However, their connections could have influenced participants' willingness to share their reintegration experiences with the research team. Furthermore, there was a narrow participant pool with all participants either living in Texas or North Carolina, limiting the geographical locations for the organizations engaged during reintegration. Additionally, six out of the seven participants in this study served in the Army, reducing the ability to compare and understand community reintegration by military branch. Only one veteran with profound mental health challenges volunteered to participate in this study which may narrow the understanding of community reintegration for veterans who struggle with severe mental health challenges. Lastly, members of the research team, as OT personnel, have education on the impact of mental health on occupational performance and participation which may have biased the research team's perspective on participants' reintegration experiences.

Implications for Occupational Therapy Practice

Data from participants supports the idea that there are recurrent barriers to occupational performance and participation for veterans transitioning out of the military. The study outcomes support OTPs as providers of appropriate resources and strategies to support veterans during their transition back into the community.

In this study, sleep hygiene, mental health, coping strategies, community support, social participation, and civilian work were major areas where veterans felt as though there were not enough resources to assist them with their needs. OTPs have the capacity to play a vital role in providing the needed services to military personnel throughout their service, as well as when transitioning from active duty and after discharge. OTPs, in collaboration with veterans, can identify specific needs and create interventions for military personnel that address the major barriers to community reintegration.

For OTPs working with veterans, it is important to validate their experiences, feelings, and emotions. Positive coping strategies could be taught for individuals who feel unsettled with their military experiences. OTPs are equipped with the knowledge to provide and connect veterans with community resources for many social, financial, and health related needs. OTPs and VA program personnel teaming up to provide proper care and resources to veterans can play a pivotal role in the success of military veteran community reintegration.

Need for Future Research

Future research should be conducted on a broader scale to examine the community reintegration of individual veterans specifically focusing on utilization of VA services, types of supports that impact reintegration, and the impact of stigma on veterans' mental health. This would help guide the expansion of resources and services necessary to fully support veterans reintegrating into their communities. Additionally, research through the OT lens could support the role of OT in improving sleep, social supports, environmental modifications, and development of positive coping skills to improve occupational participation and performance in veterans.

Conclusion

This study sought to answer the question about the reintegration experiences of veterans that served in Iraq and/or Afghanistan. The participants highlighted the challenges and supports they encountered post-discharge. The results of this study identified how varied support systems, utilization of VA services, and experiences with mental health impact the trajectory of transition to civilian life. Further research is essential to enhance services offered to veterans post-discharge, including the expansion of occupational therapy services for this population.

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