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## A Veteran Mental Health Approach Sustaining Identity Post-Military Life: A Comprehensive Overview

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## **A Veteran Mental Health Approach Sustaining Identity Post-Military Life: A Comprehensive Overview**

### **Abstract**

Veterans and their mental health face readjustment challenges based on veteran identity, intersectionality, and experiences from their time serving in the military. This comprehensive overview and PRISMA analysis investigate the current evidence-based practices of veterans' identity and intersectionality. Specifically, psychoeducation and evidence-based practices for veterans readjusting back into their communities. A gap identified in this research's findings calls for suggestions for future research on the veteran population and intersectionality. No specific psychoeducation or evidence-based practices tailored for identity readjustment or veteran intersectionality were found. This research constructs a tailored framework of suggestions for current and future evidence-based practices for the veteran population.

### **Keywords**

Veterans, readjustment, mental health, identity, intersectionality

## **Introduction**

U.S. military veterans have made personal sacrifices to serve and defend the country that we call home. Our generations of veterans who have returned home after their service have endured a systemic and cultural assimilation back into the civilian sector. Therefore, society should continue to make continuous efforts to help serve veterans (and their families) readjust back into the civilian sector. Veterans have a great deal of skills, values, and experiences that can contribute to our communities and society. A study by Markowitz, Kintzle, & Castro (2023) highlights veterans facing multiple challenges reintegrating into the civilian sector ranging from social determinants of health (SDOH), mental health symptomology, medical conditions, and other social reintegration difficulties [1]. Specifically, in the context of mental health, veterans face many challenges and onsets of mental health symptomology that can affect their quality of life and lead to suicidal ideation. There is a large amount of existing research on U.S. military veterans' mental health that has helped evolve the quality of evidence-based practices in healthcare services.

This current study first reviews the existing literature on veterans' mental health and identity for reoccurring themes (current/historical) to help make connections to help answer what impacts our veterans' post-military discharge transition. Specifically, how psychological, behavioral, psychosocial, and spiritual factors/constructs are interrelated to the transition of a military member's identity back into a civilian role.

### **Veteran Readjustment Problem**

Veterans cross over the line of military-to-civilian systems with challenges that can present as both visible (physical) and invisible (psychological). Unmet needs are concepts and

factors that can be difficult to be aware of when they are not consciously considered before leaving the military. However, the variation of adjustment problems is not just from the individual veteran and military culture. The study by Markowitz et al. discusses how systemically current social perception and civilian society stigma contribute to veteran readjustment problems [1]. Increased focus on only veteran problems/pathology can create a civilian view of veterans' "brave but broken" phenomenon [1]. In consequence, this can lead to social rejection of opportunities such as networking, employment, and connection between civilian-veteran counterparts. Therefore, feeling connected with the civilian community, having a continued purpose, and creating a meaningful quality of life are negatively impacted.

According to Thompson et al (2019), veterans have a higher suicide completion rate compared to their civilian counterparts [2]. America's Warrior Partnership (2020) conducted a thorough 4-year study "Operation Deep Dive" for non-natural deaths and self-mortality rates for veterans [3]. The study found inaccurate death documentation on veterans within multiple states that is recorded from the Department of Defense; the data shows the self-mortality/suicide rates for veterans at an alarming rate of 44 per day [3]. This study by America's Warrior Partnership is continuing to expand the study, implement resources for veterans (and their families, friends, and peers) who died by non-natural deaths/suicide, and understand what interventions/support can be provided to help prevent veteran suicide (non-natural deaths include asphyxiation, drowning, single driver crash, accidental firearm discharge, and overdose). The themes of suicide ideation and disconnection with veteran-civilian identity have been identified as important indicators for suicide awareness [2].

The study completed by Thompson et al. investigated veterans' experiences with their identity returning to the civilian sector [2]. Veterans strongly identified themselves based on their

group identity with military counterparts. The researchers found veterans who had weak group identities had reports of difficulty integrating into civilian life and had higher reports of suicide ideation [2]. A continuum of group identity can serve as a buffer from onsets of suicide ideation and experiences with disruption of identity (Sosa, 2024) post-military life [2] [4]. There is much-existing research on veterans with mental health symptomology/diagnosis e.g., posttraumatic stress disorder (PTSD), mood disorders, substance abuse, etc. [4]. In the context of identity, Mitchell et al (2020) found limited research/interventions on identity disruption for veterans reintegrating back into the civilian sector [5].

The study completed by Mitchell et al. found veterans who reported themes of identity disruption had difficulty readjusting into the community, had lower life satisfaction, and had higher reports of PTSD symptomology [5]. Identity is a significant phenomenon that can affect the mental health and quality of life of readjusting veterans. According to McCaslin et al. (2021), veterans enter an acculturation process of their identity starting at basic training and their assigned units/duty stations; lifestyle, beliefs, values, experiences, social surroundings, profession, etc., [4] [6]. Another acculturation process happens again leaving the military in the civilian sector, in which veterans can continue to centralize their identity with their military identity role [4] [6].

A study investigated the themes of identity and adjustment in the civilian sector for veterans (Sosa, 2024) [4]. This study found veterans who reported themes of identity disruption had co-occurring themes of adjustment disorder (reframed questions from the DSM-V-TR) post-military discharge [4]. Suggestions from this study to consider for veteran readjustment 1) continued identification with military-affiliated organizations and people 2) psychoeducation (mental health, system navigation, etc.) 3) veteran services (benefits, health, etc.), and 4)

vocational/education connections. Common themes discovered in the qualitative study that were difficult to fulfill in civilian life as a veteran: “operational tempo” “camaraderie” “purpose” and “identity” [4].

However, an important factor to consider for veterans’ readjustment is the survivors of military sexual trauma (MST). Veterans who are survivors of MST have a difficult transition away from a role/system that can give experiences of shame, guilt, betrayal, oppression, and discrimination (Foyne et al, 2018) [7]. Aside from current literature that supports the theory of continued centralization of military identity are the MST survivors who may not want to continue with identification with a military role. Veterans who join the military with high hopes of serving in their military roles and then experience MST can completely shatter their military beliefs and values, making civilian readjustment difficult [7]. This can create a feeling of betrayal towards the military system and grief/loss of their professional role [7]. Veterans’ who are MST survivors are a small marginalized group that can impact the establishment of post-military mental health care and civilian readjustment. The theme of identity/loss of identity continues to be persistent in the context of continued military affiliation or disaffiliation from the military system.

To the researcher’s knowledge, there are a limited number of interventions to approach veterans experiencing identity disruption. There are evidence-based practices/therapies clinically appropriate for veterans' mental health treatment plans e.g., cognitive behavioral therapies for mood-related disorders (Sherrill et al., 2024) [8]. However, mental health treatment for veterans can be more complex than just a categorization of their psychopathological symptoms for evidence-based practices/therapies. The research by Sherrill et al. focuses on the use of new emerging transdiagnostic interventions (bridging concepts of different evidence-based

practices/therapies) for the large number of veterans needing treatment with co-occurring disorders [8].

The researchers conducted a study for veterans in an intensive outpatient program using transdiagnostic evidence-based practices/therapies with psychoeducational auxiliary services e.g., health and wellness, family skills, and group-physical activities [8]. The improvement of veterans' mental health and wellness was part of a diverse delivery of “healing” approaches ranging from transdiagnostic evidence-based therapies, psychoeducation, and holistic-related activities [8]. Veteran’s mental health and healing can be more complicated than placing their human experience on a taxonomy of psychopathology for diagnosis and treatment (Dalglish, Black, Johnston, et al., 2020) [9]. Understanding a veteran(s) and a human's experience in healing requires more empathy, compassion, and human connection to heal them holistically (as a whole person) in part of their suffering.

Psychosocial interventions (education, self-management coping strategies, social-cultural, and physical activities) can be used for veterans’ treatment plans to help effectively manage substance addiction and other related mental health symptomology (Mottershead, 2022) [10]. According to Mottershead, these interventions focus on the veteran “as a whole” while working congruently with and/or without psychopharmacology treatment plans [10]. These interventions focus on different domains that are important for veterans to improve their quality of life e.g., medication routine, mental health symptomology management, social reconnection, SDOH education, etc. Therefore, empowering veterans through psychoeducational interventions can be implemented in different clinically appropriate levels of mental health acuity (e.g., wellness centers, general outpatient, intensive outpatient). In addition, an important component of military-to-civilian transition interventions is considering the different intersectionality of

veterans (Meade, 2020) [11]. The experience of military-to-civilian for different veteran intersectionality e.g., sex, gender, race, ethnicity, culture, age, etc., are important considerations in developing methodologies and interventions for the veteran population [11]. This comprehensive overview considers components of social demographics/cultural considerations and purposeful delivery of the psychoeducational intervention (intervention as a whole or interventions with psychoeducational components).

Overall, the recent existing literature on veterans' mental health and interventions has expanded, evolved, and challenged veteran stigma. Revising in the context of veteran's mental health there has been a re-occurring theme of identity within research on PTSD, mood disorders (bipolar and depressive disorders), maladaptive behaviors, adjustment disorder, substance use dependence, social disconnection, and suicide ideation [2] [4] [5] [6] [10]. Identity has been one of the threads that bind through the fabric of veteran mental health. Evidence-based interventions coincide with new concepts to deliver different and effective ways to improve treatment quality [8]. Psychoeducational approaches have been an evidence-based delivery of improving the health and wellness of veterans [8] [10].

Generally, psychoeducation can be a deliverable intervention to help veterans' awareness of transitioning their identity in their civilian community; positively enhancing their mental health and quality of life. This study first aims to review existing psychoeducation interventions for veterans' identity. The second aim of this study is to explore current psychoeducation interventions for different veteran intersectionality. The main study objective is to improve veteran mental health through a healthcare strategy of disease prevention, health maintenance, and continuity of transitional care.



## Methods

This study will be conducting a comprehensive literature overview to investigate the existing knowledge and gaps on veterans' mental health, psychoeducation, and identity. This study utilized the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram. The updated PRISMA 2020 checklist (abstract and article) provides a guideline to provide in-depth data collection (Page et al., 2021) [12]. The screening will be completed through PubMed, PsychARTICLES, and Google Scholar. Keywords were identified by implementing the PICOTS formula to objectify words relatable to this study's research questions. The keywords implemented in the database search engine that relate to the study's research questions: 1) veterans 2) identity 3) psychoeducation 4) readjustment 5) mental health. To specify more recent research, a 15-year limitation from the present date of this study was placed in the advanced search settings. The databases generated the following amount of research: PubMed (276), PsychARTICLES (1,436), and Google Scholar (97,000). PRISMA 2020 abstract screening methodology narrowed down the wide range of generated articles from the databases.

Eligibility was based on the following factors: U.S. Military Veteran population, research methods (e.g., qualitative, empirical, quantitative, clinical trial, retrospective, clinical case, longitudinal, systemic reviews, and focus groups), intervention (evidence-based practice and/or evidence-based therapy), diverse social demographic sample, purpose to improve post-military quality of life, and findings that have significant (clinically and/or statistically) purpose to improve veteran quality of life (Table 1).

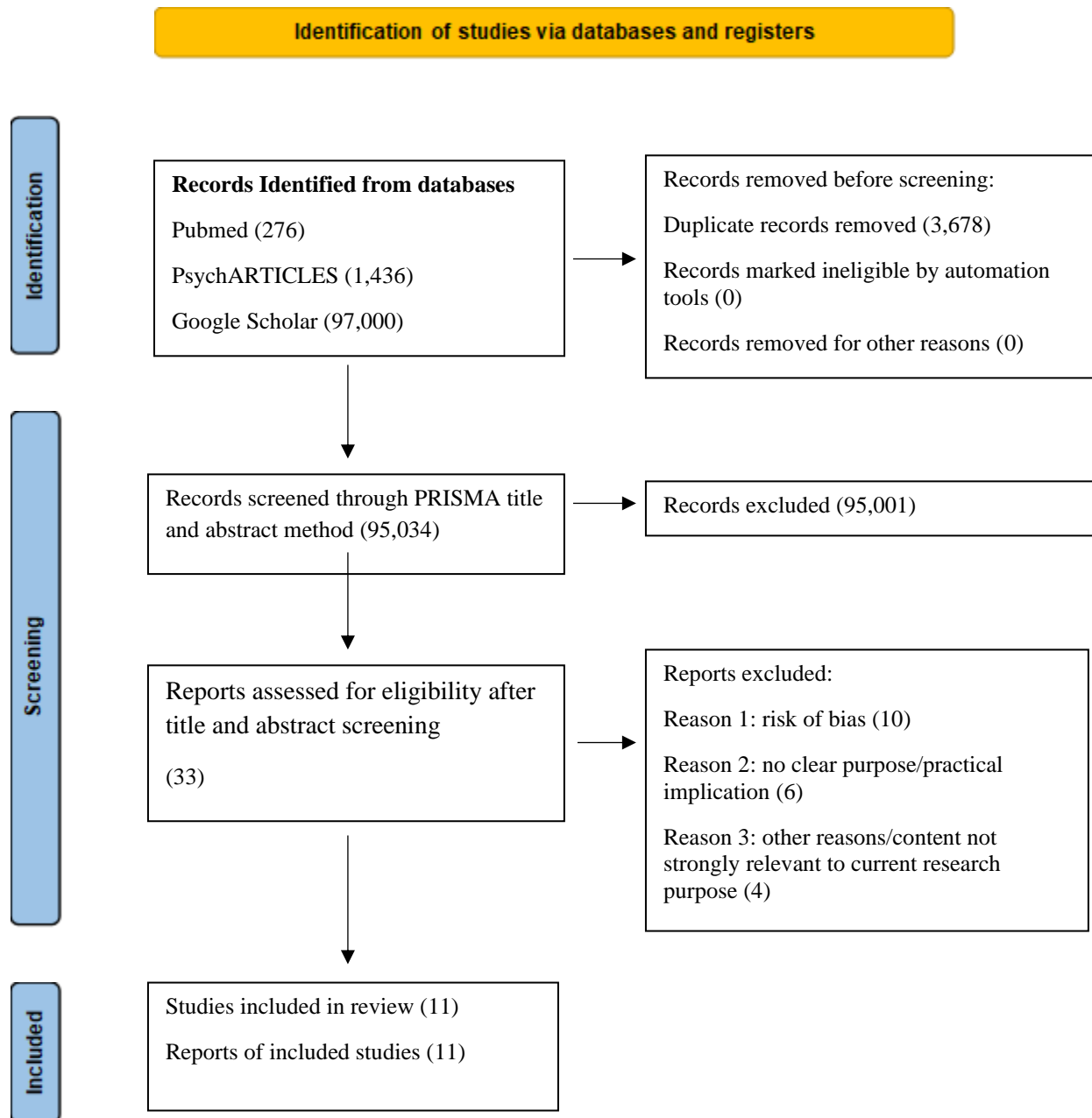
**Table 1. Inclusion and Exclusion Criteria**

| <b>Inclusion</b>   | <b>Exclusion</b>  |
|--|---|
| Peer-reviewed research   | Non-peer-reviewed / Sources from non-academic or non-credible professional institutions |
| U.S. military veteran population / Institutions for veterans   | General population / Veterans of foreign militaries                                     |
| Sample social demographic diversity  | Bias sampling / No social demographic diversity sample                                  |
| Methods (qualitative, empirical, quantitative, clinical trial, retrospective, clinical case, longitudinal, systemic reviews, and focus groups) | No clinical intervention / No clinical content  |
| Clinical intervention (evidence-based practice / Evidence-based therapy)   | No significant outcomes / No practical Implication of Findings                          |
| Relevant outcomes clinical or statistical  | Other reasons deemed for exclusion / No clear purpose in the research / Risk of bias    |

The PRISMA 2020 article checklist and the researchers' considerations (e.g., social diversity of the study sample) were the last steps for the final literature data collection. After the final review, the results came to a final selection of 11 peer-reviewed research literature (see diagram 1.). Articles that were excluded in the final review were due to 1) risk of bias e.g., social demographics 2) no clear purpose or no practical implication of findings in a micro-macro level clinical setting, and 3) other reasons in which the content is not strongly relevant to this study's research purpose (Fig 1.). The articles selected were analyzed and found multiple psychoeducation approaches for veteran mental health. The interventions focused on a range of addressing mental health diagnoses/symptoms e.g., identity, military sexual trauma (MST), depression, suicide ideation, PTSD, moral injury, etc. Studies selected in the final review are

collectively diverse in settings (outpatient, inpatient, community), social demographics, and delivery of interventions.

**Figure 1. PRISMA 2020 Flow Diagram**



## Literature Review

The research included in the final review was selected based on the design and delivery of psychoeducation interventions for veterans (Table 2). All psychoeducation interventions for veterans (or components of psychoeducation) ranged from individual, group, and family-based delivery through in-person and online designed formats. The duration of the interventions was effective in single sessions and multiple sessions within outpatient and inpatient settings. There was a variety of evidence-based concepts of mental health implemented in conjunction with psychoeducation delivery. All of the research's conclusions gave statistical significance and/or clinical improvement for veterans and their relationships, an increase in well-being and mental health awareness, continuity of identity, future-oriented thinking, increased social connection, and reductions of mental health symptoms e.g. PTSD, depression symptoms, moral injury, and suicide ideation (Bauer et al., 2018; Elder et al., 2022; Gebhardt et al., 2022; Helgiman et al., 2018; Katz & Sawyer 2020; Moore et al., 2021; Pittman 2014; Pernicano et al., 2022; Sokol et al., 2021; Yahalom et al., 2021; Whealin et al., 2017) [13-23].

Regarding psychoeducation interventions for veterans' identity, there were no specific psychoeducation interventions found in this literature review. The study by Sokol et al. incorporated an identity psychotherapy approach using evidence-based therapy concepts for veterans experiencing suicide ideation [21]. All research articles provided concepts to develop objective approaches in providing psychoeducation interventions for veterans' identity post-military life. Social demographics were highly considered as part of the inclusion of the literature review for social and cultural diversity. An exponential amount of research during the review was excluded due to bias of social demographics in the population sample. Therefore, this comprehensive overview questions the general validity of different interventions/instruments for

veteran samples with minimal to no social or cultural considerations of veterans' intersectionality.

This gap provides an opportunity for effective design and delivery of psychoeducation intervention for different veteran intersectionality and their military-to-civilian transition [11]. Based on the literature reviewed, psychoeducation interventions can theoretically be effective by incorporating military identity and intersectionality for post-military life. New psychoeducation content, design, and delivery can also be theoretically effective within different settings (outpatient or group), number of attendees (group, individual, family), length (single or multiple sessions), delivery (in-person or telehealth), and collective evidence-based practice/therapeutic concepts, and different intersectionality of veteran community members.

**Table 2. Characteristics of Literature Selected for Overview**

| Study Authors           | Study Design/Methods          | Purpose   | Sample          | Race/ethnicity & gender   | Intervention   | Overall results  |
|-------------------------|-------------------------------|---|-----------------|---|--|--|
| Bauer et al., 2018 [13] | Systemic Review/Meta-analysis | Interventions to promote the well-being of military personnel adjusting to civilian life  | N = 12 Articles | N/A: Meta-analysis  | Psychoeducation: individual, couples, group  | Reduction in PTSD symptoms<br>depression in partners /<br>increase in well-being /<br>increase in relationship satisfaction.   |
| Pittman 2014. [14]      | Systemic Review/Meta-analysis | Understand the unique need for mental health assessment and treatment for Latino veterans | N = 29 Articles | N/A: Meta-analysis  | Interventions and assessment for mental health treatment                               | Addressing the gaps in existing literature on mental health treatment for Latino veterans /<br>considering cultural-identity aspects for mental health interventions for Latino veterans |
| Elder et al., 2022 [15] | Quasi-Experimental            | PTSD symptom awareness among veterans and their partners                                  | N = 101         | White: 47<br>Black: 22<br>Hispanic: 25<br>Pacific Islander: 1<br>Other: 6<br>Male: 91<br>Female: 10 | PTSD psychoeducation: group facilitated w/ option to have spouse present in the group. | Reduction in PTSD and depression symptoms /<br>increase in family decision making /<br>increased mental health results for veterans and families of color                                |

|                             |                    |  |        |  |   |   |
|-----------------------------|--------------------|--|--------|--|---|---|
|                             |                    |  |        |  |   | compared to white veterans.   |
| Gebhardt et al., 2022 [16]  | Pilot study        | Suicide intervention for veterans hospitalized for suicidal ideation and behaviors   | N = 97 | Male: 84<br>Female: 13   | Group psychoeducation intervention on suicidal thoughts and behaviors   | Enhanced understanding of suicidal thoughts and behaviors / hopeful and motivated to cope with suicidal thoughts and behaviors  |
| Helgiman et al., 2018 [17]  | Quasi-Experimental | Improve access and quality of health and mental health services for veterans of the LGBTQIA+ community.  | N = 44 | White: 20<br>Black: 6<br>Multi-Race: 6<br>Male: 16<br>Female: 12<br>Trans man: 4<br>Trans woman: 7<br>Genderqueer: 1<br>Multi-identity: 2<br>Choose not to disclose: 2 | 10 weeks of group health education and psychoeducation  | Positive impact on social connection and support / Improved self-understanding of identity / positive impact on well-being and confidence / better communication and openness / improved understanding of LGBTQIA+ healthcare |
| Katz & Sawyer 2020 [18]     | Quasi-experimental | Enhance treatment for MST survivors by addressing interpersonal and intrapersonal functioning due to MST experiences / address identity, values, and quality of life after MST experience. | N = 30 | Female: 30<br>Black: 5<br>White: 17<br>Hispanic: 6<br>Multi-race: 2  | 8-week session of group-facilitated psychoeducation using cognitive, imagery, and emotional evidence-based therapy concepts | Reduction in post-test mental health symptomology of PTSD, depression, and anxiety / positive qualitative feedback on the usefulness of the psychoeducation program.  |
| Moore et al., 2021 [19]     | Longitudinal study | Improve quality of life and reductions of PTSD symptoms among combat veterans.   | N = 49 | Male: 37<br>Female: 12   | 1-week stay and on-site training program with expert peer-led facilitation focusing on posttraumatic-growth                 | Reduction in PTSD symptomology, insomnia, and negative affect / increase in attributes of posttraumatic growth, psychological flexibility, and enthusiasm.  |
| Pernicano et al., 2022 [20] | Quasi-experimental | Implement psychological and spiritual interventions to address moral injury  | N = 35 | Male: 27<br>Female: 8<br>White: 17<br>Hispanic: 11<br>Black 6:<br>Asian: 1   | 8-10 weeks Psychospiritual group-led intervention w/ mental health professionals, peer support, and                         | Positive impact towards addressing moral injury through group psychospiritual interventions compared to traditional evidence-based therapies e.g.,  |

|                           |             |  |        |   | military chaplains.  | cognitive behavioral therapy.  |
|---------------------------|-------------|--|--------|---|--|--|
| Sokol et al., 2021 [21]   | Pilot study | Address serious mental illness (SMI) and suicidality through cognitive identity cognitive therapy (CI-CT)                  | N = 17 | Male: 14<br>Female: 3<br>White: 9<br>Black: 6<br>Asian: 1<br>Other race: 1                | 4-week; 3-hour long session group manualized treatment program                       | Reduction in suicide ideation, depression symptoms, and hopelessness / increase of future self-continuity and positivity towards the future. |
| Yahalom et al., 2021 [22] | Pilot study | Improve military sexual trauma (MST) interventions through male-gender sensitivity   | N = 24 | Male 24:<br>Asian: 2<br>Black: 16<br>White 4:<br>Hispanic: 2                              | 12 week; once a week; group psychoeducation facilitated by MST professional          | Reduction in shame / improvements in self-forgiveness and social belongingness / reduction in PTSD symptoms                                  |
| Whealin et al., 2017 [23] | Pilot study | Culturally adaptive PTSD psychoeducation intervention for Native Hawaiian and Pacific Islander Veterans and their Families | N = 44 | Native Hawaiian Pacific Islander: 27<br>White: 9<br>Asian: 5<br>Black: 2<br>Other Race: 1 | 8-9 multi-individual psychoeducation sessions for veterans and their family members. | Increase in relationship satisfaction, quality, and cohesion / decrease in caregiver burnout   |

### **Veteran Psychoeducation Interventions: Identity and Intersectionality**

The design and delivery of interventions may depend on various settings, interventions, intersectionality, military history, veteran needs, etc. Based on the literature review, incorporating identity concepts within clinical psychoeducation interventions can theoretically be flexible and effective in its delivery. One intervention found in the literature review for veterans called cognitive identity-cognitive therapy (CI-CT) incorporated concepts from evidence-based therapies (e.g., cognitive behavioral therapy[CBT] acceptance and commitment therapy[ACT]) for veterans with serious mental health symptoms and suicidality [21]. Sokol et al. incorporated components of life core values, positive/negative experiences, and narrative creation of the “desired continuity” of “the future self” [21]. Veterans who are experiencing identity disruption

and symptoms of adjustment disorder may benefit from EBTs and having psychoeducational concepts to explore their inner dialogue within a psychotherapy setting [4] [21].

Another gap identified in this literature review is the consideration of the intersectionality of veterans' adjustment post-military life. Psychoeducation interventions were successfully delivered by considering cultural and minority intersectionality factors within psychotherapy and medical health settings [16] [23]. Clinicians and providers working with the veteran population may want to consider the different systemic, psychosocial-cultural, medical, and mental health factors for the diverse veteran populations. Holistic biopsychosocial-spiritual approaches in psychoeducation, identity, and intersectionality can help close the gaps among intersectionality differences. The systemic review by Pittman discussed the unique cultural adjustments on Latino veterans, their identity, and reintegrating into a minority community. Traditional psychoeducation interventions (as a whole or components within evidence-based therapies) may be limited by not considering intersectionality differences [19]. This comprehensive overview of peer-reviewed articles excluded an exponential number of articles due to bias of samples with social/cultural demographics.

An additional factor incorporated for psychoeducation interventions for veterans' identity is survivors of MST or veterans suffering from moral injury/PTSD symptoms from their military service [17] [20] [22]. Veterans may have trauma related to their prior military roles which can make continuity of identity as a veteran difficult post-military life. This provides an opportunity for clinicians/health professionals working with veterans on how veterans would like support on the continuity of their identity. As mentioned in the earlier content, identity is a theme that binds through the fabric of veteran mental health. Therefore, concepts of identity and intersectionality are recommended to be implemented in different psychoeducational evidence-based

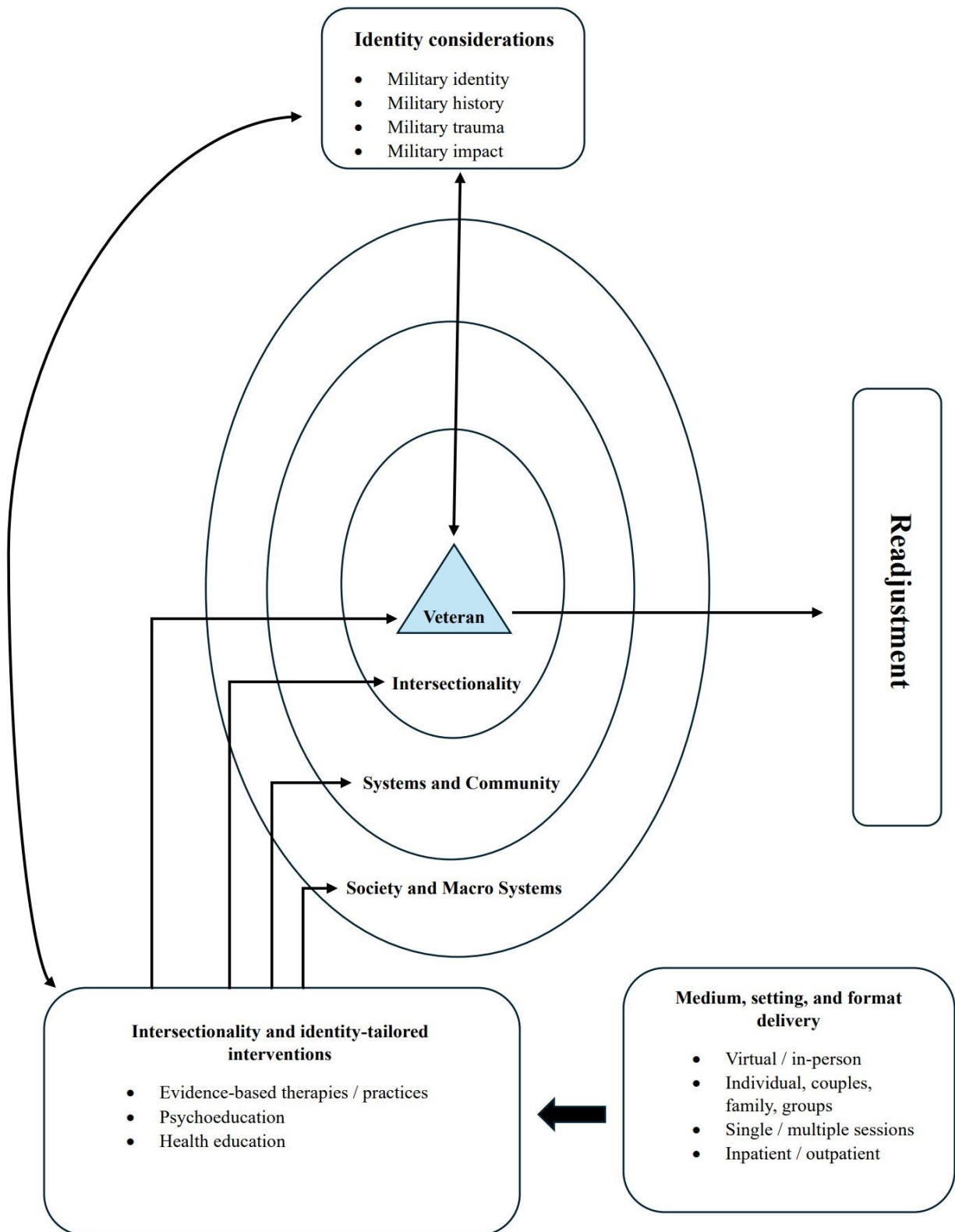


interventions; as a whole psychoeducation intervention, or concepts within an evidence-based therapy/practice (Table 3). Suggestions are tailored to fit veteran intersectionality (e.g., minority veterans, women veterans, etc.), their community, and psychosocial systems (mezzo-macro) for readjustment (Fig 3.).

**Table 3.**

| Researcher's Considerations for Interventions on Veteran's Identity Post-Military Life |   |
|--|---|
| Military Identity  | Continuity of identity as a veteran             |
|  | Veteran's perception of their purpose           |
|  | Identity disruption / Identity stability        |
|  | Identification of core values and beliefs       |
|  | Trauma-related to veteran's military role       |
|  | Veteran's military history and experiences      |
| Veteran intersectionality, community, and systems                                      | Veteran's perception of their intersectionality |
|  | Health differences among intersectionality      |
|  | Social, cultural, and spiritual considerations  |
|  | Veteran's environment, community, and system    |
| Identity and Intersectionality<br>Tailored Interventions                               | Evidence-based therapies/practices              |
|  | Psychoeducation and health education            |
| Delivery of content  | Single / Multiple session                       |
|  | Virtual / In-person                             |
|  | Individual / Couples / Family / Groups          |
|  | Inpatient / Outpatient                          |

**Figure 2.**



## **Discussion and Limitations**

Psychoeducation as an evidence-based practice is an effective and appropriate intervention for the veteran population i.e., mental health care and medical education frameworks. Psychoeducation approaches that are tailored toward different veteran intersectionality as a patient-centered approach can improve the delivery of psychoeducation content. There were no specific evidence-based practices/therapies for the continuity of readjustment of veteran identity, disruption of identity, or sustainability of identity post-military life. Concepts of cognitive identity-cognitive therapy (CI-CT) as an intervention for veteran suicide ideation can theoretically be ideal for veteran identity, intersectionality, and traumas related to veteran identity [21]. Psychoeducation can theoretically and clinically be an appropriate intervention to close gaps in veteran intersectionality, mental health, and medical frameworks.

This strategy of psychoeducation tailored for veteran intersectionality and unique veteran experiences (including traumatic events) can be implemented with other evidence-based therapies/practices e.g., veteran identity psychoeducation and cognitive behavioral therapy. Limitations of this study are the suggestions in Table 3. (implementation into clinical and health practice) and the need to provide additional data on their effectiveness. Frameworks using the suggested concepts can be diverse for mental health and medical settings. Therefore, additional research is suggested to support the effectiveness in clinical/health practice. Consultation is recommended before implementing veteran intersectionality concepts as presented in Table 3. for healthcare frameworks, presentations, or evidence-based psychosocial medical and mental health interventions.

Gaps that were identified within the research data collection phase (PRISMA method) excluded an exponential amount of research due to the following reasons: 1) The study sample

was homogeneous and not diverse in social demographics 2) none or limited considerations for veteran intersectionality and cultural differences. Discussion points to consider on identified gaps in research are the veteran's experience as a former military member, their social-cultural environment/beliefs (towards mental health, disease, medicine, etc.), and the communities the veteran is returning to with "veteran status." We should focus on the veteran as a whole person rather than only on issues, illness, and other pathologies.

### **Conclusion**

This study's findings are to help break the status quo of veteran readjustment difficulties that impact veteran mental health. The research findings support psychoeducation approaches as an effective evidence-based intervention for mental health and medical settings for the veteran population. Psychoeducational formats were effective through in-person, virtual, family, and group delivery [13-23]. There were no specific psychoeducation or evidence-based practices/therapies for veteran identity readjustment, disruption, and sustainability. This identified gap in research provides the opportunity to explore different approaches to delivering mental health services for veterans. A veteran's intersectionality, military history (development), and current psychosocial context of readjustment leaves room for a "my size fits me" approach, rather than strictly practices that are "one size fits all."

Mental health services with evidence-based practices have shown significant dropout of services due to a reported theme of "not fitted for me" while in treatment (Hundt, Ecker, Thompson, et al., 2020) [24]. Professionals identifying the smallest units to work on (collaboratively with veterans) can lead to bigger or other significant factors important to a veteran's readjustment process. The phenomenon of veteran intersectionality, social demographics, and social-cultural factors are suggestions to be considered in future research and

interventions on the veteran population. Research suggestions also promote social awareness, advocacy, and supporting veterans from systemic racism and systemic discrimination.

This includes a suggestion for understanding veterans of their identity and any traumas associated with their previous military experience that can be a factor for the “decentralization” of any associated military-related affiliations, values, or beliefs. Healing and readjustment for a veteran can be determined based on “meeting the veteran where they are” and understanding what quality of life means to them. Honoring all veterans, with continued or discontinued veteran/military affiliation, maintains the autonomy and self-determination of the veteran on their road to healing and readjustment.

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