



Building DoD/VA/State and Community Partnerships: A Public Health Approach to the Mental Health Needs of Service Members, Veterans and their Families

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Some Basic Definitions

OEF – Operation Enduring Freedom:
Combat operations in Afghanistan

OIF – Operation Iraqi Freedom: Combat
operations in Iraq

OND – Operation New Dawn: Ongoing
military involvement in Iraq

DoD – Department of Defense

VA – Veterans Affairs

Scope of the Issue

- **2.2 million** American Service Members have served in Iraq and Afghanistan
- “The war in Iraq remains very personal. Over 75% of Soldiers and Marines surveyed reported **being in situations** where *they could be seriously injured or killed*; 62-66% **knew someone** seriously injured or killed; more than one third described an event that caused them **intense fear, helplessness or horror**”

Office of the Army Surgeon General
Mental Health Advisory Team
(MHAT) IV, Final Report, Nov 06

Scope of the Issue

“The challenges are enormous and the consequences of non-performance are significant. Data...indicate that **38%** of Soldiers and **31%** of Marines report psychological symptoms. Among members of the National Guard, the figure rises to **49%**. Further, psychological concerns are significantly higher among those with *repeated deployments*, a rapidly growing cohort.”

Report of the DoD Task Force on Mental Health
June 2007

Scope of the Issue

“Psychological concerns among *family members* of deployed and returning OEF/OIF veterans, while yet to be fully quantified, are also an area of concern. Hundreds of thousands of children have experienced the deployment of a parent...”

Report of the DoD Task Force on Mental Health
June 2007

Who VA Serves

- Of 22.7 million Veterans currently alive, nearly three-quarters served during a war or an official period of conflict
- Women account for 8% of all Veterans (roughly 1.8 million Women Veterans)
- About a quarter of the nation's population is potentially eligible for VA benefits and services because they are veterans or family members
- VA currently provides health care to 5.5 million veterans (roughly 1 in 4 Veterans)
- Roughly 10% of VA users are women veterans

<http://www.va.gov/>

OEF/OIF/OND Veterans In VA

- As of the end of the Q2 FY 2011:
 - 1,318,510 OEF/OIF/OND Veterans eligible for VA services (55% Active Duty)
 - 52% (683,521) have already sought VA care
- Their three most common health issues:
 - Musculoskeletal
 - Mental Health
 - Symptoms, Signs and Ill-Defined Conditions

Mental Health among OEF/OIF/OND Veterans

- Possible mental health problems reported among 51.2% (349,786) of the 683,521 eligible OEF/OIF/OND veterans who have presented to VA

- Provisional MH diagnoses include:

PTSD	187,133
(27% of all who presented to VA)	
Depressive Disorder	139,119
Affective Psychoses	83,575
Neurotic Disorders	118,591
Alcohol Dependence	38,749
Nondependent Abuse of Drugs	26,033
Tobacco Use Disorder	94,951

Beyond the DoD/VA Continuum

- Ideally such problems will be picked up somewhere within the DoD/VA continuum of care **but:**
- If only 52% of All OEF/OIF Veterans eligible for VA care have come to VA **where are the other 48%?**

Comparison to the National Vietnam Veterans Readjustment Study

- Only 20% of the Vietnam Veterans with PTSD at the time of the study had EVER gone to VA for Mental Health Care yet:
- 62% of all Vietnam Veterans with PTSD had sought MH care at some point

Kulka et al. 1990, Volume II, Table IX-2

Active Duty vs. Reserve Component

- Both have significant rates of deployment
- Increasingly similar training and missions
- Smaller force yet similar numbers of RC OEF/OIF Veterans coming to VA (47% RC)
- Rate of suicide among Active Duty Component is leveling off but continues to climb among Reserve Component
- Reserve Component (including family members) has less access to health services or community support

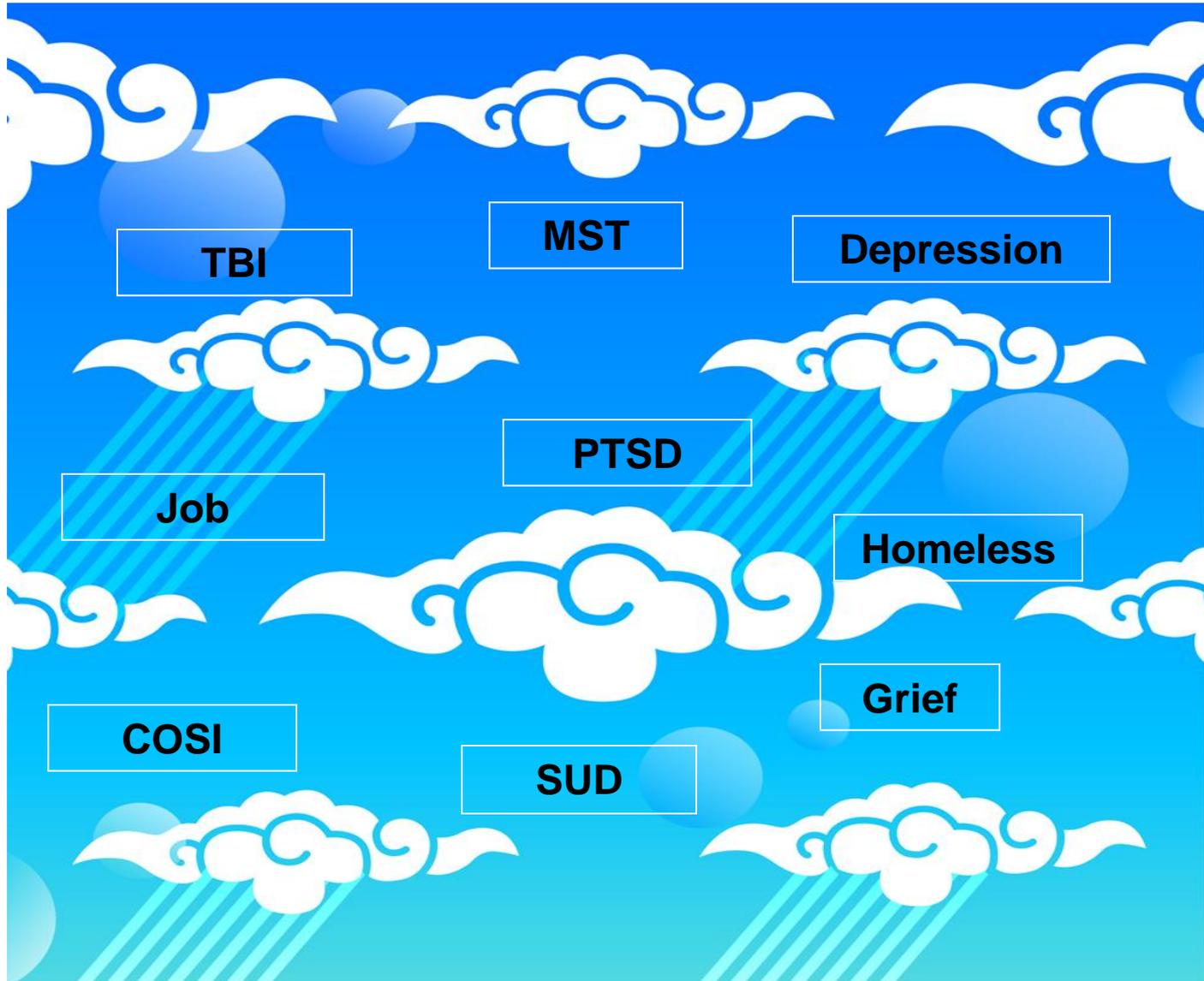
Identifying/Treating Post Deployment Mental Health Problems Among New Combat Veterans and their Families

- OEF/OIF/OND veterans often seek care outside DoD/VA
 - Estimated that 50% of those seen in DoD/VA may also receive part of their care in the community
- Family members are also dealing with deployment-related stress and look for help in the community
- **Are Community Providers and Programs prepared to identify or treat post deployment problems?**

If You Don't Take the Temperature, You Can't Find the Fever

- Community Providers need to know something about:
 - Our nation's military history and present conflicts
 - Military Culture as a major (yet often invisible) American subculture
 - The difference between Service Branches (and respect the difference!)
- Know something about DoD and VA
 - Services, Best practices, Access, Benefits
- Ask each patient if he/she has ever served in the Armed Forces or is close to someone who has?
 - Potentially the key driver of change in practice!

Our Focus: Deployment MH



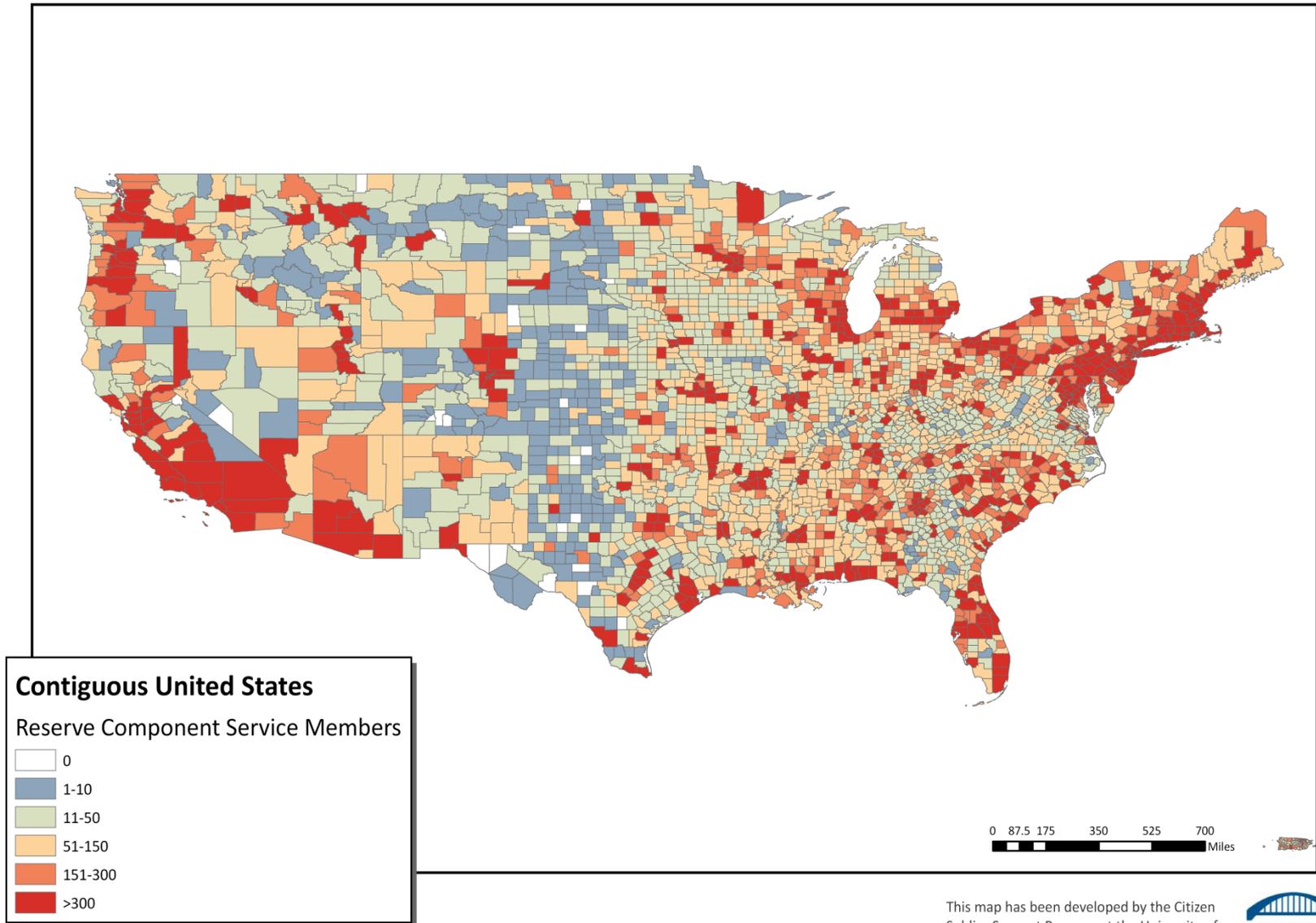
Public Health Model

- Most War Fighters/Veterans will *not* develop a mental illness or TBI but *all* War Fighters/Veterans and their families face important readjustment issues
- This population-based approach is less about making diagnoses than about helping individuals and families retain/regain a healthy balance despite the stress of deployment
- The public health approach requires a progressively engaging, phase-appropriate integration of services

Public Health Model

- This program must:
 - Be driven by the needs of the Service Member/ veteran and his/her family rather than by DoD and VA traditions
 - Meet prospective users where they live rather than wait for them to find their way to the right mix of our services
 - Increase access and reduce stigma

Number of RC Service Members Deployed to OIF/OEF since 9/11/2001 by Home of Record County



Source: Defense Manpower Data Center, as of 12/31/10

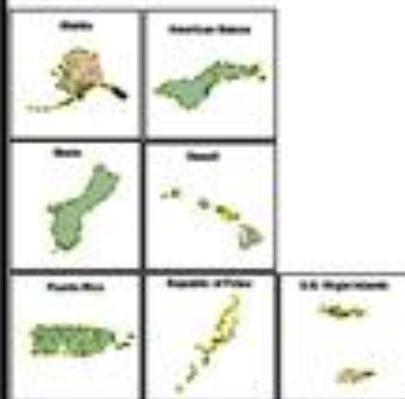
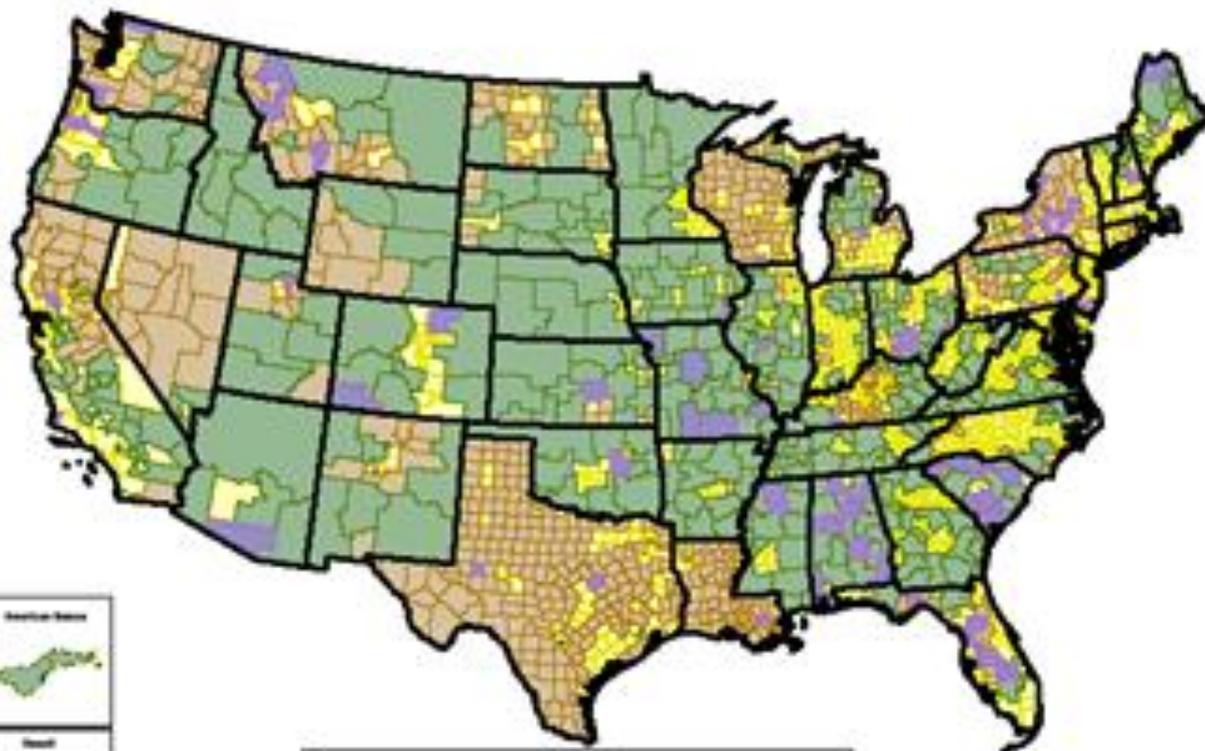
This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill and may not be distributed without written permission.





Health Professional Shortage Areas - Mental Health

Data as of May 28, 2011



Prepared by: HRSA, Office of Information Technology
from the HRSA Geospatial Data Warehouse,
datawarehouse.hrsa.gov



Beyond the DoD/VA Continuum: Partnering with States and Communities

DoD/VA/State and Community Partnerships Already Under Way or in Planning in:

- Upstate New York
- Washington State
- Ohio
- Arizona
- Alabama
- Colorado
- Vermont
- Rhode Island
- Oregon
- Oklahoma
- Minnesota
- Texas
- Missouri
- New Mexico
- Virginia
- Maryland
- Hawaii
- American Samoa
- Puerto Rico
- Other states and territories?

Advantages of Working at State and Community Levels

- May enhance ***access*** for Service Members, Veterans and family members
- May enhance ***quality*** of services Service Members, Veterans and family members receive in the community

Advantages of Working at State and Community Levels

- National Guard programs organized at state level
- Each state has its own Veterans Service program
- Builds a system of interagency communication and coordination that may serve well at times of disaster

The Two Prong Model

1. Bring leaders and users together to build DoD/VA/State and Community partnerships
2. Build the capacity to do the job whenever and wherever it needs to be done

These require separate if related structures and partnerships which converge on establishing/enhancing state-wide :

- Outreach
- Education
- Integration (working across silos)

The North Carolina Governor's Focus on Returning Veterans and their Families

- On September 27, 2006, key leaders of North Carolina State Government, VA, and DoD met with representatives of state and community provider and consumer groups
- Governor Michael Easley charged Summit participants to develop new ideas that would help veterans succeed in getting back to their families, their jobs and their communities
- The Summit was only the start of a process, not its end!

The North Carolina Governor's Focus on Returning Veterans and their Families

(www.veteransfocus.org)

- Exchange information about respective agencies' assets and goals
- Identify strategic partnerships
- Articulate an integrated continuum of care
- Optimize access to information, support, and, when necessary, clinical services across systems as part of a balanced public health approach

Next Steps

- Governor's Letter to Veterans and Families
 - A strong and clear "Thank you"
 - A toll free number from the State Department of Health and Human Services (1-800-662-7030)
 - NC Careline
 - Access to health, educational, and vocational services for Service Members/veterans and their family members
 - Articulate a *new mission* for veterans and their families
 - Build stronger careers, families and communities for the good of all the people of North Carolina

Citizen Soldier Support Program

- Painting a Moving Train
 - www.aheconnect.com/citizensoldier
 - In partnership with VA's VISN 6 MIRECC and NC AHEC
 - Live and on-line trainings
 - Over 9,900 community providers and stakeholders have completed trained nationwide

WAR WITHIN.org



- Developed by the Citizen Soldier Support Program
- Searchable Provider Database at www.WarWithin.org
- Offers each state its own page
- Builds on/grows our training program
- Over 1500 providers nationally
- Over 1200 providers in NC including 96 of 100 NC counties
- Up-Loadable to National Resource Directory

Ongoing NC Initiatives

- NC AHEC System
- NC as a mentor state in SAMHSA's national *Paving the Road Home* Program
- NC IOM Report identifying gaps in services *and* policy
 - <http://www.nciom.org/publications/?honoring-their-service-a-report-of-the-north-carolina-institute-of-medicine-task-force-on-behavioral-health-services-for-the-military-and-their-families>
- Recommendations are now NC law!

Ongoing NC Initiatives

- *NC National Guard Integrated Behavioral Health System*
 - Integrated with other NC Governor's Focus programs
 - Reaches out to ALL Service Members, Veterans and families through NC NG Family Assistance Centers
 - Behavioral Health specialists at each site
 - CPRS record system purchased from VA and being developed for state-wide coordination and follow up

In Summary

- There is a need to pioneer a public health approach to the growing needs of Service Members/Veterans and their Families
- Within the medical realm, this would enhance access to quality, evidence-based care across military/VA/other federal, state and community systems

BUT...

- The focus must extend beyond traditional medical approaches to address key drivers of resilience
 - Optimize prevention
 - Strengthen family and community systems
 - Reach into educational, employment opportunities and faith-based settings
 - Enhance readiness for future deployments and disaster response

The Goal

***Transform post
deployment health for
all Service Members,
Veterans and their
families***

The Bottom Line

**There should be *No Wrong Door* to which
OEF/OIF/OND or ANY
Service Member/Veteran
or family member can
come for help**

QUESTIONS?

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