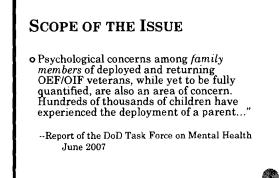


#### SCOPE OF THE ISSUE

- o "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



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# **OEF/OIF VETERANS AND VA**

oAs of First Quarter, FY 2009:

- 981,834 OEF/OIF veterans eligible for VA services
- 43% (425,538) have already sought VA care
- oPossible mental health problems reported among 45.6% (193,879) of those who have presented to VA

# BEYOND THE DOD/VA CONTINUUM

oIdeally such problems will be picked up somewhere within the DoD/VA continuum of care **but**:

• If only 43% of All OEF/OIF Veterans eligible for VA care have come to VA where are the other 57%?

• There is a "silent majority" of OEF/OIF veterans not coming to VA

## Comparison to the National Vietnam Veterans Readjustment Study

oOnly 20% of the Vietnam Veterans with PTSD at the time of the study had EVER gone to VA for Mental Health Care yet:

o62% of all Vietnam Veterans with PTSD had sought MH care at some point

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

#### **PUBLIC HEALTH MODEL**

- o Most war fighters/veterans will not develop a mental illness but all war fighters/veterans and their families face important readjustment issues
- o This population-based approach is less about making diagnoses than about helping individuals and families retain a healthy balance despite the stress of deployment

## PUBLIC HEALTH MODEL

- oIncorporates the Recovery Model and other principles of the President's New Freedom Commission on Mental Health
  - Having a post deployment problem or even a formal diagnosis doesn't mean a person is disabled
- oRequires a progressively engaging, phase-appropriate integration of services

#### **PUBLIC HEALTH MODEL**

oThis 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



# Under Way or in planning in:

- Upstate New York • Oregon Minnesota
- Washington State
- Ohio
- Alabama
- Texas • Missouri
- Vermont
- Rhode Island
- Virginia • Maryland • Other states?

#### **ADVANTAGES OF WORKING AT** STATE AND COMMUNITY LEVELS

- oMay enhance access for Service Members, veterans and family members concerned about seeking help within the DoD/VA continuum
- oMay enhance the quality of services veterans and family members receive in the community

#### **ADVANTAGES OF WORKING AT** STATE AND COMMUNITY LEVELS

- oNational Guard programs are organized by state
- oEach state has its own veterans services program
- oBuilds a system of interagency communication and coordination that may serve well at times of disaster
- oNo two states are exactly alike in resources, needs and opportunities



