COLLABORATION AND DEVELOPMENT OF COMMUNITIES OF CARE

PART I

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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

OEF/OIF Veterans and VA

- As of First Quarter, FY 2009:
  - 981,834 OEF/OIF veterans eligible for VA services
  - 43% (425,538) have already sought VA care
- Possible mental health problems reported among 45.6% (193,879) of those who have presented to VA

Beyond the DoD/VA Continuum

- Ideally 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

- 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

PUBLIC HEALTH MODEL

- Most war fighters/veterans will *not* develop a mental illness 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 a healthy balance despite the stress of deployment

PUBLIC HEALTH MODEL

- Incorporates 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*
- 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

BEYOND THE DOD/VA CONTINUUM: PARTNERING WITH STATES AND COMMUNITIES

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

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

ADVANTAGES OF WORKING AT STATE AND COMMUNITY LEVELS

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

ADVANTAGES OF WORKING AT STATE AND COMMUNITY LEVELS

- National Guard programs are organized by state
- Each state has its own veterans services program
- Builds a system of interagency communication and coordination that may serve well at times of disaster
- No two states are exactly alike in resources, needs and opportunities

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