

SCOPE OF THE ISSUE

Harold.Kudler@VA.GOV

"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

oAs 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

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:
- 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

- 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

MarylandOther states?

• Oregon

• Texas

• Minnesota

• Missouri

• Virginia

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

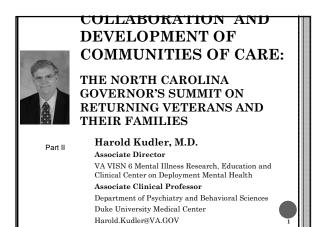
ADVANTAGES OF WORKING AT STATE AND COMMUNITY LEVELS

•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







THE NORTH CAROLINA GOVERNOR'S SUMMIT 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!

SUMMIT GOALS

- Exchange information about respective agencies' assets and goals • Identify strategic partnerships
- Articulate an integrated continuum of care that emphasizes access, quality, effectiveness, efficiency, and compassion
- 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)
- Access to health, educational, financial and vocational services for Service Members/Veterans and family members
- \bullet A new mission for veterans and their families
 - •"Build stronger careers, families and communities for the good of all the people of North Carolina"

NEXT STEPS

- **o** Form bridges between DoD, VA, state and local mental health, primary care and family support programs
 - PDHA/PDHRA/Yellow Ribbon Programs
 - State-Wide AHEC Outreach Series
- Coordinate with TRICARE and Military OneSource
 - Increase the number of TRICARE providers
- Enhance interchange between military and VA chaplains and local faith communities
 - and train local faith and lay leaders
 - Clinical Pastoral Education Training
 - Rural Health Initiative

NEXT STEPS

- Explore and develop other partnerships at the local, state and national levels
 - American Psychological Association
 - American Psychiatric Association
 - American Pediatric Association
 - American Academy of Family Practitioners
 - Sesame Street Talk, Listen, Connect
 - 4-H Operation Military Kids
 - Military Child Education Coalition
 - Zero to Three

NEXT STEPS

•Still More Potential Partners

- National Military Family Association
- Military One Source
- National Guard Family Assistance Centers
- VA Office of Rural Health
- National Rural Mental Health Association
- Citizen Soldier Support Program
- The VA National Center for PTSD
- International Society for Traumatic Stress
 Studies
- SAMHSA's Paving the Road Home Report/Process
- The Center for the Study of Traumatic Stress
- National Child Trauma Network

GOALS

- ${\bf o}\, Enhance \,\, outreach$
- Increase appropriate referrals
- Reduce stigma
- ${\bf o} \, {\rm Promote \ healthy \ outcomes/Resilience/Recovery}$
 - Strengthen families
 - Decrease military attrition
 - Decrease disability
- ${\bf o}$ Increase consumer and provider satisfaction
- o *Transform* the post deployment health system

THE BOTTOM LINE

There should be *No Wrong Door* to which OEF/OIF veterans or their families can come for help

