

DoD, VA, State and Community Partnership in Service to OEF/OIF Service Members, Veterans and Their Families

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Post Deployment Concerns among Active and Reserve Component Soldiers

- Study followed 88,235 US soldiers returning from Iraq who completed both a Post Deployment Health Assessment (PDHA) and, 6 months later, a Post Deployment Health Reassessment (PDHRA)
- Screening includes standard measures for
 - Posttraumatic Stress Disorder (PTSD)
 - Major Depression
 - Alcohol Abuse
 - Traumatic Brain Injury
 - Other Mental Health problems



Changes among Active Duty (AD) and Reserve Component (RC) Soldiers at PDHRA

- Roughly half of those with PTSD sx on PDHA improved by PDHRA yet:
 - There were *twice* as many *new* cases of PTSD at PDHRA
 - Depression rate doubled in AD (10%) and tripled in RC (13%) at PDHRA
 - Overall, 20.3% AD and 42.4% RC were identified as needing MH tx post deployment
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Changes among Active Duty (AD) and Reserve Component (RC) Soldiers at PDHRA

- 4-fold Increase in concern about interpersonal conflict
 - Alcohol abuse rate high (12%AD/15%RC) at PDHRA yet few (0.2%) referred for tx
 - If this is the progression among Service Members over the first 6 months, what about their family members?
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Who VA Serves

- Of 24 million veterans currently alive, nearly three-quarters served during a war or an official period of conflict
- About a quarter of the nation's population, approximately 74.5 million people, are 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 5 veterans)



Care Access Points

- 155 medical centers
 - at least one in each state, Puerto Rico and the District of Columbia
 - 872 ambulatory care and community-based outpatient clinics
 - 135 nursing homes
 - 45 residential rehabilitation treatment programs
 - 209 Veterans Centers
 - 108 comprehensive home-care programs
 - 4 DoD/VA Polytrauma Centers
 - My HealthVet <http://www.myhealth.va.gov/>
 - 21 Veterans Integrated Service Networks (VISNs)
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OEF/OIF Veterans and VA

□ As of May 2, 2008:

- 868,717 OEF/OIF veterans eligible for VA services
- 40% (347,750) have already sought VA care

□ Their three most common health issues:

- Musculoskeletal
 - Mental Health
 - Symptoms, Signs and Ill-Defined Conditions
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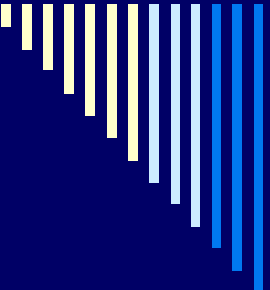
Mental Health Among OEF/OIF Veterans

- Possible mental health problems reported among 42.5% (147,744) of the 347,750 eligible OEF/OIF veterans who have presented to VA
- Provisional MH diagnoses include:
 - PTSD 75,719
 - (22% of all who presented to VA)
 - Nondependent Abuse of Drugs: 54,415
 - Depressive Disorder: 50,732
 - Affective Psychoses 28,734
 - Neurotic Disorders: 40,157
 - Alcohol Dependence: 12,780
 - Drug Dependence: 5,764



Beyond the DoD/VA Continuum

- Ideally such problems will be picked up somewhere within the DoD/VA continuum of care ***but***.
 - If only 40% of All OEF/OIF Veterans eligible for VA care have come to VA ***where are the other 60%?***
 - There is a “silent majority” of OEF/OIF veterans not coming to VA
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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 p. 228



Thinking About The Silent Majority

- Who among them do we want to reach?
 - What intervention(s) would be most appropriate?
 - How would we reach these veterans?
 - At what point do we reach them?
 - What about their families?
 - Family support predicts resilience
 - Families have needs of their own
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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
 - Incorporates the Recovery Model and other principles of the President's New Freedom Commission on Mental Health
 - *There is a difference between having a problem and being disabled*
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Public Health Model

- The public health approach requires a progressively engaging, phase-appropriate integration of services
 - 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
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Beyond the DoD/VA Continuum: Partnering with States and Communities

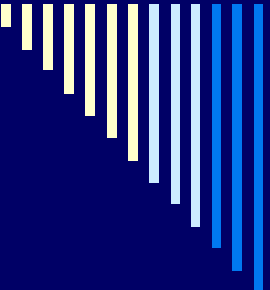
DoD/VA/State and Community Partnerships Are
Already Under Way or in Planning in:

- Upstate New York
 - Washington State
 - Rhode Island
 - Ohio
 - Alabama
 - Vermont
 - Oregon
 - Minnesota
 - Texas
 - Missouri
 - North Carolina
 - Virginia
 - And others!
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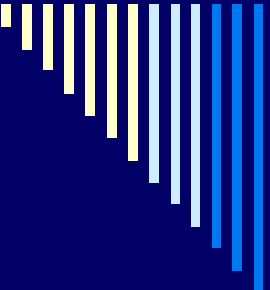
Advantages of Working at State and Community Levels

- ❑ 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
 - ❑ National Guard programs are already organized at the state level
 - ❑ Many states already have their own veterans outreach programs
 - ❑ Builds a system of interagency communication and coordination that may serve well at times of disaster
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The North Carolina Governor's Summit on Returning Veterans and their Families

- On September 27, 2006, key leaders of North Carolina State Government, the Department of Veterans Affairs, and the Department of Defense 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.
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The North Carolina Governor's Summit on Returning Veterans and their Families

□ Speakers

- Boots on the Ground
 - COL Edward Crandell of the Army,
 - CAPT Richard Welton of the Navy
 - CAPT Monica Mellon of the Marine Corps
 - Public Health Approach and the DoD/VA Continuum
 - Harold Kudler, M.D.
 - Perspective of a Family Member
 - Lil Ingram, wife of Major General William Ingram, Adjutant General, NC National Guard
 - Governor Michael Easley
 - Carmen Hooker Odom, Secretary, State Department of Health and Human Services
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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
 - ❑ Emphasize principles of resilience, prevention, and recovery
 - ❑ Optimize access to information, support, and, when necessary, clinical services across systems as part of a balanced public health approach
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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, and vocational services for Service Members/veterans and their family members
 - Also www.nccarelink.org and:
 - www.nchealthinfo.org
 - A *new mission* for veterans and their families
 - Build stronger careers, families and communities for the good of all the people of North Carolina
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Next Steps

- Form bridges between DoD, VA, state and local mental health, primary care and family support programs
 - PDHRA
 - Battlemind training (www.battlemind.org)
 - 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
 - CPE
 - Explore and develop other partnerships
 - American Psychological Association
 - American Psychiatric Association
 - Sesame Street Talk, Listen, Connect Series
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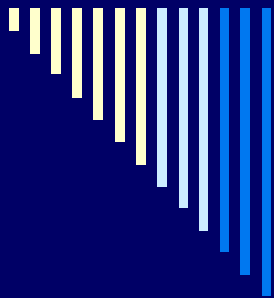
Goals

- Enhance outreach
 - Increase appropriate referrals
 - Reduce stigma
 - Promote healthy outcomes/Resilience/Recovery
 - Strengthen families
 - Decrease military attrition
 - Decrease disability
 - Increase consumer and provider satisfaction
 - ***Transform* the post deployment health system**
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The Bottom Line

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



An Invitation

*The VISN 6 MIRECC
would be happy to partner
with other programs
in transforming
the continuum of care for
OEF/OIF veterans and their families*



QUESTIONS?
