

Executive Summary — USMI Roundtable Discussion

The Changing Face Of Mental Health Services In The Veterans Health Administration

Washington, D.C. October 18, 2004

As military operations in Iraq and Afghanistan produce an increasing number of veterans at risk of symptoms related to combat stress, questions have arisen as to how best to assist them with family and community reintegration and readjustment. For the fraction of returning warriors who do suffer from post traumatic stress disorder or other mental illness, it is essential to develop mechanisms to move services to a “recovery” model that engages affected individuals in their own care, at the earliest stage possible, and reduces stigmatization.

To examine optimal changes in mental health services for veterans, the nonprofit **U.S. Medicine Institute for Health Studies**, in partnership with the Veterans Health Administration (VHA), convened a roundtable discussion among federal agency, congressional and beneficiary group representatives.

Background

According to the World Health Organization, mental illness and substance use disorders are the two leading causes of disability in the U.S., Canada and Western Europe. In 2003, almost 17 per cent of veterans used specialized mental health services provided by VHA, and 22 to 29 per cent of veterans are estimated to suffer from substance use disorders. A study in the *New England Journal of Medicine* of U.S. combat infantry troops returning from operations in Iraq and Afghanistan found that 15.6-17.1 per cent screen positive for major depression, generalized anxiety disorder, or PTSD after deployment. However, for those who screened positive, only 23 to 40 per cent actually sought care. The study’s military authors conclude that while returning troops are at significant risk of stress-related mental health problems, “subjects reported important barriers to receiving mental health services.” Of prime importance, they said, was concern about the “stigma” attached to seeking mental health care. Veterans need to understand that mental health is essential to overall health, to learn to recognize symptoms early and to be encouraged to seek help because effective treatments are available.

The return of combat veterans from Southwest Asia occurs against a background of more general interest in improving mental health services. The President’s New Freedom Commission on Mental Health, on which VHA was represented, issued a report in 2003 calling for an integrated system with screening and early detection where everyone with a mental illness has equal access to evidence-based treatments and support that promote recovery.

Roundtable Discussion/Consensus

Roundtable discussants pointed out that the all-volunteer operations in Iraq and Afghanistan differ from previous conflicts in that a much higher percentage of combat troops are in the Reserve and National Guard; more women are deployed; and more troops are married. These new demographics present challenges for readjustment after deployment. For one thing, Guard and Reserve personnel return to their local communities, where the network of care available to those who remain on active duty does not exist. Discussants recognized the limitations of current programs using pre- and post-deployment questionnaires that screen troops immediately before or after redeployment to the U.S., since mental health symptoms often develop months or even years after return.

Programs that are “paternalistic” and do not involve veterans in their own therapy are less effective than programs that are veteran- and family-centered and utilize peer support. VHA recently was given authority to hire 50 veterans of the Southwest Asia conflicts to reach out to their peers, and this has proven a

successful approach – with the added benefit that these veterans have educated VA staff about how to reach out with mental health care. More such programs are needed, the group advised.

Of significant concern to the group was the current disability compensation system: Veterans fear losing their disability payments and thus may have a negative incentive to engage in activities that help them recover. Discussants suggested that a joint VA/Defense Department/congressional group be assembled to develop recommendations for VA's Secretary on how the current system can support the recovery model and "reward" wellness.

The group also recommended that VA and DoD jointly address the stigma attached to seeking mental health services. Returning troops often do not acknowledge stress-related symptoms during screening because they fear that it will delay their demobilization, affect their careers and damage the respect of their peers. It is essential, discussants said, that troops and families be educated to recognize mental health symptoms that may appear months after the individual has returned. The ideal, the group agreed, would be to move from a single early post-deployment screening to ongoing, periodic monitoring that is incorporated with primary care.

There was consensus among the discussants that universal, early outreach, peer involvement, normalizing reactions to combat and readjustment to family and community life, early interventions, and collaboration between primary care and mental health providers are essential. To be maximally effective, partnerships and coordination between VA health care and benefits staff, Reserve/Guard units, Veterans Service Organizations and state and local organizations is critical. A major proposal is to create Operation Iraqi Freedom/Operation Enduring Freedom outreach, readjustment and care coordination steering committees composed of these groups at the VISN level. These steering committees would seek to optimize community support, outreach, early engagement, reintegration and care coordination for combat veterans and their families.

Among the items highlighted during the roundtable:

- Recovery is a journey of self-healing that allows the individual to regain a sense of self and a role in society. The recovery model integrates peer support and family education as essential ingredients and recognizes the mental health problems are social as well as biologic. Medical professionals need more education in the concept of recovery.
- VHA's vet centers have proven a "best practice" model in fostering peer-to-peer relationships for those with combat stress disorders. The best way to overcome concerns about stigmatization is through person-to-person contact with someone who has recovered.
- In addition to post-traumatic stress, VA and DoD need to prepare to address other mental health needs of veterans from Iraq and Afghanistan, including military sexual trauma, suicide, depression, substance abuse and homelessness.

Participants in this roundtable: Frances Murphy of VHA, moderator; Al Batres of VHA and Dan Fisher of the National Empowerment Center, presenters; John Barilich of VHA; Alan Bellack of VHA; Fred Blow of VHA; John Bradley of DoD; John Bradley of the House Committee on Veterans Affairs; Steve Cavicchia of VHA; Stephen Cozza of DoD; Gerald Cross of VHA; Pete Dougherty of VHA; Anita Everett of SAMSHA; Gretchen Haas of VHA; Patricia Hayes of VHA; Sherrie Herendeen of VHA; Ira Katz of VHA; Michael Kussman of VHA; Bruce Levine of VHA; Miklos Losonczy of VHA; Susan Mather of VHA; Theodore Nam of DoD; Harold Wain of DoD; Terry Washam of VHA; Cathy Wiblemo of the American Legion; and Antonette Zeiss of VHA.



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