

The Road to Recovery 2011

Military Families: Access to Care for Active Duty, National Guard, Reserve, Veterans, Their Families, and Those Close to Them

Discussion Guide

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show, as well as references from scientific studies from the field.

Show Description: In the 9 years since 9/11, more than 2 million U.S. troops have been deployed to Iraq and Afghanistan. Although most returning service men and women do not return with serious behavioral health issues, a significant proportion do return with post-traumatic stress disorder, depression, traumatic brain injury, and substance use problems. Serious behavioral health issues can also be seen among some of the service men and women who have never deployed: The rate of suicide within the Army National Guard and Reserves doubled between 2009 and 2010, and half of those men and women had never deployed to a combat zone. Too many service members die from suicide, and too many are homeless. Military deployment and trauma-related stress can have a major impact on returning service men and women and their families, making the need for behavioral health care an urgent national priority. Yet, many—be they active duty, National Guard, Reserve, or veterans—either are not interested in or are unable to access the care they need, and the same can be said of their spouses and children. This show will examine the serious issue of behavioral health care needs by exploring the nature and scope of these behavioral health problems, the strengths and weaknesses of the system to address these problems, and the efforts underway to improve our Nation’s ability to meet its obligations to service members and their families. Specific improvement strategies are highlighted, including collaboration and coordination that increases access to care; community-based solutions that foster access to evidence-based prevention, treatment, and recovery support services; and development of the behavioral health workforce to better serve the military and their families.

Panel 1: Behavioral Health Care for Service Members and Their Families— A National Priority

Key Questions:

1. What are the rates of mental health and cognitive conditions among service members returning from war? How many experience post-traumatic stress disorder (PTSD) or depression?
2. How many troops are returning with a traumatic brain injury (TBI)?
3. What is the rate of substance use among service members (e.g., active duty, National Guard, Reservists, and veterans)?
4. How does military deployment affect the spouses and children of service members as well as the service members themselves?
5. If returning military personnel have a problem, approximately how long after their return will symptoms or signs of the problem begin to emerge?
6. What is the divorce rate among active service members? How is divorce related to substance use or mental health conditions among returning service members?
7. What is the suicide rate among active and retired service members?
8. How many persons who are homeless are veterans? How many homeless veterans have a substance use disorder and/or mental health problem?
9. What are the costs to society resulting from behavioral health problems among service members returning from war?

Rates of PTSD and TBI Among Troops Returning From War

Source: Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans, RAND Center for Military Health Policy Research, 2008

<http://www.rand.org/multi/military/veterans.html>

- In a survey of service members returning from Iraq or Afghanistan, 18.5 percent of all returning service members meet criteria for either PTSD or depression, 14 percent of returning service members meet criteria for PTSD, and 14 percent meet criteria for depression.
- In this survey, 19.5 percent of returning service members reported experiencing a probable TBI during deployment.
- The RAND survey of service members recently returning from Iraq or Afghanistan indicated that about one-third report symptoms of a mental health or cognitive condition.
- About 7 percent meet criteria for a mental health problem and also report a possible TBI.
- If these numbers are representative, then of the 1.64 million deployed (as of 2008), the study estimates that approximately 300,000 veterans who have returned from Iraq and Afghanistan were suffering from PTSD or major depression, and about 320,000 may have experienced TBI during deployment.

Prevalence of Substance Use Among the Military and Veterans

Source: Substance Abuse among the Military, Veterans, and their Families: A Research Update from the National Institute on Drug Abuse, *Topics in Brief*, July 2009

<http://www.nida.nih.gov/tib/vet.html>

- Substance use among Iraq and Afghanistan war veterans is a large concern, with aggregated data from the Substance Abuse and Mental Health Services Administration's

annual household survey revealing that, from 2004 to 2006, 7.1 percent of veterans (an estimated 1.8 million persons aged 18 or older) met criteria for a past-year substance use disorder.

- Problems with alcohol and nicotine abuse are the most prevalent and pose a significant risk to the health of veterans as well as to the Reserve component and National Guard soldiers. At greatest risk are deployed personnel with combat exposures, as they are more apt to engage in new-onset heavy weekly drinking and binge drinking and to suffer alcohol-related problems, as well as smoking initiation and relapse. Within this group, Reserve and National Guard personnel and younger service members are particularly vulnerable to subsequent drinking problems. And, although alcohol problems are frequently reported among veterans, few are referred to alcohol treatment.

Source: Substance Use Trends Among Active Duty Military Personnel: Findings from the United States Department of Defense Health Related Behavior Surveys, 1980–2005, Robert M. Bray & Laurel L. Hourani, RTI International, Research Triangle Park, NC, USA

- Cigarette and illicit drug use among military personnel declined sharply and significantly from 1980 to 1998. Heavy alcohol use decreased in the mid-1980s but was stable from 1988 to 1998. Both cigarette smoking and heavy alcohol use increased significantly between 1998 and 2002 and remained at those levels in 2005. Illicit drug use remained low.

Source: Office of the Command Surgeon and Office of the Surgeon General United States Army Medical Command. Mental Health Advisory Team (MHAT-V). Operation Enduring Freedom 8, Afghanistan. 14 February 2008.

http://www.armymedicine.army.mil/reports/mhat/mhat_v/Redacted2-MHATV-OEF-4-FEB-2008Report.pdf

- In 2007, 8 percent of soldiers in Afghanistan reported using alcohol during deployment and 1.4 percent reported using illegal drugs/substances.

Onset of PTSD in War Veterans

Source: Delayed-Onset PTSD Among War Veterans in Primary Care Clinics, British Journal of Psychiatry, June 2009

http://www.anxietyinsights.info/abstract_delayedonset_ptsd_among_war_veterans_in_primary_c.htm

- PTSD typically reveals itself within 1 month of the traumatic event. Retrospective reports of veterans reveal that delayed-onset PTSD is extremely rare 1 year post-trauma, and there was no evidence of PTSD symptom onset 6 or more years after trauma exposure.

Impact of Military Deployment on Service Members and on Spouses and Children of Service Members

Source: Office of the Command Surgeon and Office of the Surgeon General United States Army Medical Command. Mental Health Advisory Team (MHAT-V). Operation Enduring Freedom 8, Afghanistan. 14 February 2008.

http://www.armymedicine.army.mil/reports/mhat/mhat_v/Redacted2-MHATV-OEF-4-FEB-2008Report.pdf

- In a 2007 survey of service members deployed in Afghanistan, being separated from family was reported as among the top three concerns of being deployed.

- In this same survey, 9.8 percent of soldiers on their first deployment screened positive for a mental health problem, whereas 14.2 percent of soldiers with a previous deployment screened positive.

Source: The New England Journal of Medicine—Deployment and the Use of Mental Health Services among U.S. Army Wives, Mansfield et al, January 2010

<http://www.nejm.org/doi/full/10.1056/NEJMoa0900177>

- The deployment of spouses and length of deployment were associated with mental health diagnoses. As compared with wives of personnel who were not deployed, women whose husbands were deployed received more diagnoses of depressive disorders, sleep disorders, anxiety, and acute stress reaction and adjustment disorders.

Source: Pediatrics—Children on the Homefront: The Experience of Children from Military Families, Chandra et al, December 2009

<http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-1180v1>

- After controlling for family and service member characteristics, children in this study had more emotional difficulties compared with national samples. Older youth and girls of all ages reported significantly more school-, family-, and peer-related difficulties with parental deployment. Length of parental deployment and poorer nondeployed caregiver mental health were significantly associated with a greater number of challenges for children during deployment and with deployed-parent reintegration. Family characteristics (e.g. , living in rented housing) were also associated with difficulties with deployment.

Source: The Effects of Multiple Deployments on Army Adolescents, Strategic Studies Institute, United States Army War College, Wong and Gerras, January 2010

<http://www.strategicstudiesinstitute.army.mil/pubs/display.cfm?pubid=962>

- The factors that best predict lower levels of stress in adolescents during a deployment are (1) high participation levels in activities—especially sports, (2) a strong family, and (3) the adolescent’s belief that America supports the war. Interestingly, the cumulative number of previous deployments is not significantly related to adolescent levels of deployment stress.

Source: Communications with Family during Deployment

<http://www.military.com/benefits/resources/deployment/communication-during-deployment>

- Deployed service members are better able to communicate with spouses, family, and loved ones now than in the past due to modern communications technologies, including the use of email, text messaging, cell phones, Internet postings, and Internet-based phones. While these communications can be helpful in relieving stress and maintaining relationships, they can also be a source of stress due to the service member having greater information on the problems and situations being experienced by family and loved ones back home.

Divorce and Suicide Rates in the Military

Source: Stress of Separation Takes its Toll on Military Families, Dallas Morning News, December 21, 2010

<http://www.dallasnews.com/sharedcontent/dws/dn/latestnews/stories/121910dnetprivateba ttles.355290e.html>

- More than 50 percent of military personnel are married, and 70 percent have children. The divorce rate for active-duty military personnel has risen from 2.6 percent in 2001 to 3.6 percent in 2009, when there were an estimated 50,000 military divorces, the Pentagon reported. That is slightly higher than the civilian divorce rate of 3.4 percent.
- Since the 9/11 terrorist attacks, 787,000 Guard members and reservists have been called to active duty, the most since World War II. A half million have deployed to Iraq and Afghanistan—and 200,000 have served multiple tours. Nearly 100,000 Guard members and reservists are currently serving on active duty. Members of the Nation's Reserve component leave behind careers and families. Their spouses and children do not have a built-in support structure, as full-time active-duty service members who live on military installations do.
- Relationship issues may be understated when measured only by divorce rates. Some estranged couples in the military remain married to continue receiving higher housing payments. In addition, a civilian spouse who divorces a service member loses his or her military health coverage.

Source: Stacy Bannerman, "Broken Military Marriages: Another Casualty of War," 23 January 2009, at:

http://www.alternet.org/sex/122198/broken_military_marriages:_another_casualty_of_war/

- Military marriages are at increasingly high risk of failure...More than 13,000 military marriages ended (in 2008)... and combat is the cause. A study published in *Armed Forces & Society* reveals that male combat veterans were 62 percent more likely than civilian males to have at least one failed marriage. While divorce rates among returning male combat veterans are high, divorce rates for women in the Army and Marine Corps are nearly three times that of their counterpart male soldiers and marines.

Source: Saving Military Families, Captain Gene Thomas Gomulka, U.S. Navy, Retired, Military Review, January-February, 2010

<http://web.ebscohost.com/ehost/detail?hid=22&sid=71df52d3-05bc-421e-9bc0-09bef85e7f9b%40sessionmgr14&vid=1&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d>

- Because of the number of divorces and suicides that take place after service members leave the armed services, military divorce and suicide rates are far greater than current statistics reveal. Dr. Ira R. Katz, Veteran Affairs deputy chief patient care services officer for mental health, reports, "Suicide prevention coordinators are identifying about 1,000 suicide attempts per month among the veterans we see in our medical facilities." (Aaron Glantz, "The Truth about Veteran Suicides," *Foreign Policy in Focus*, 9 May 2008).
- Reasons for high divorce and suicide rates in the military include (1) the young age at which many service men and women marry, (2) financial problems that contribute to stress and lead to complications in relationships, and (3) multiple long-term deployments, particularly in combat zones, that can result in medical and mental problems, including PTSD.

Source: *Leading Change: A Plan for SAMHSA's Role and Actions 2011 – 2014*, page 3, October 2010

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf

- The Army suicide rate reached an all-time high in June 2010 and, for the first time in 2008 and 2009, respectively, suicide rates among soldiers and marines exceeded the expected national average. (Department of Defense: <http://www.defense.gov/releases/release.aspx?releaseid=13715> accessed August 6, 2010).
- Suicide among veterans accounts for as many as 1 in 5 suicides in the United States. Centers for Disease Control and Prevention, Surveillance for Violent Deaths, National Violent Death Reporting System, 16 States, 2007. Surveillance Summaries, May 14, 2010. MMWR 2010;59 (No. -4).

Homeless Veterans with Co-Occurring Substance Use and Mental Health Conditions

Source: The Relationship Between Military Service Eras and Psychosocial Treatment Needs Among Homeless Veterans With a Co-Occurring Substance Abuse and Mental Health Disorder, *Journal of Dual Diagnosis*, 5:357–374, 2009

<http://web.ebscohost.com/ehost/detail?hid=15&sid=e48bcf47-36e7-4fef-b59b-cacc678512cd%40sessionmgr15&vid=1&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d>

- Research suggests that military veterans in the United States have disproportionately high rates of homelessness compared to the general population. Recent estimates indicate that veterans comprise approximately one-fourth of the total U.S. adult homeless population and 40 percent of the male homeless population (National Coalition for the Homeless, 2008). Further, female veterans have an increased risk of homelessness compared to nonveteran women (Gamache, Rosenheck, & Tessler, 2003).
- While studies suggest that military service alone does not substantially increase the risk of homelessness (Mares & Rosenheck, 2004), a variety of medical, mental health, substance abuse, and social risk factors appear to play an important role in becoming homeless. Research indicates, for example, that 45 percent of homeless veterans have a mental illness (U.S. Department of Veteran Affairs, 2003); 70 percent have alcohol or drug problems (Cunningham, Henry, & Lyons, 2007); and high proportions experience undetected attention-deficit hyperactivity disorder (Lomas & Gartside, 1997), suicidality (Benda, 2003), and legal problems (Benda, Rodell, & Rodell, 2003).

Source: <http://www.nchv.org/background.cfm>

- Although no one keeps national records on homeless veterans, the U.S. Department of Veterans Affairs (VA) estimates that 131,000 veterans are homeless on any given night, and that approximately twice that many experience homelessness over the course of a year. At least one out of every three homeless men who spend the night on the streets is a veteran.
- According to the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23 percent of all homeless people in America.
- According to the National Coalition for Homeless Veterans, a large number of veterans who are homeless or at risk of becoming homeless suffer from PTSD, and a large number of these veterans have a substance use disorder.

- The VA estimates that 45 percent of homeless veterans suffer from mental illness and half have substance abuse disorders.
- The vast majority of homeless veterans are males (4 percent are females) and the vast majority are single. Most come from poor, disadvantaged communities.
- Of the estimated 260,000 veterans who experience homelessness in a given year, the VA reaches approximately 100,000, leaving about 160,000 who must seek assistance from local government agencies and service organizations in their communities.
- Homeless veterans need coordinated services in a range of service areas: secure housing, nutritional meals, essential physical health care, substance abuse aftercare, and mental health counseling. They also need job assessment, training, and placement assistance.
- There are about 250 community-based veteran organizations across the country that have demonstrated success in reaching homeless veterans. Particularly effective approaches are “veterans helping veterans” programs and programs that feature transitional housing with structured, substance-free environments in which veterans live with fellow veterans.

Costs of PTSD, Depression, and TBI

Source: Invisible Wounds: Mental Health and Cognitive Care Needs of America’s Returning Veterans, RAND Center for Military Health Policy Research, 2008

<http://www.rand.org/multi/military/veterans.html>

- The RAND study sought to measure the total costs to society by factoring in treatment costs, losses or gains in productivity, and the costs associated with suicide. In addition, the study calculated the cost effect of getting more people into treatment and improving the quality of care. Estimates of the cost of PTSD and major depression for 2 years after deployment range from \$5,900 to \$25,760 per case.
- Applying these per-case estimates to the proportion of the entire population of 1.64 million deployed service members who are currently suffering from PTSD or depression, the study estimates that the total societal costs of these conditions range from \$4 to \$6.2 billion, depending on whether the costs of lives lost to suicide are included.
- The cost of TBI is substantially higher per case, but it varies according to the severity of injury. Estimates of the 1-year cost of mild TBI range from \$27,260 to \$32,760 per case; estimates of moderate to severe TBI costs range from \$268,900 to \$408,520 per case.

Panel 2: Behavioral Health Care for Service Members and Their Families— Access and Quality Issues

Key Questions:

- 1. What is the quality of the health care provided to service members (e.g., active duty, National Guard, Reserve, and veterans)? Does it meet the needs of these individuals?**
- 2. Do issues exist regarding access to the health care system by service members?**
- 3. What are the barriers or constraints associated with access?**
- 4. For career service men and women, care is provided for a lifetime. How long is care provided for reservists?**
- 5. What are the health care consequences of not meeting the needs of service members with post-traumatic stress disorder (PTSD), depression, or traumatic brain injury (TBI)?**

The Existing Care System – Access and Quality Issues

Source: Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans, RAND Center for Military Health Policy Research, 2008

<http://www.rand.org/multi/military/veterans.html>

- In recent years, the capacity of the Department of Defense (DoD) and the Department of Veterans Affairs (VA) to provide health services has increased substantially, particularly in the areas of mental health and TBI. However, gaps in access and quality remain. There is a large gap between the need for mental health services and the use of those services.
- Military service members report barriers to seeking care that are associated with fears about the negative consequences of using mental health services. The RAND survey results (Invisible Wounds) suggest that most of these concerns center on confidentiality and career issues, and so are particularly relevant for those on active duty. Many felt that seeking mental health care might cause career prospects to suffer or coworkers' trust to decline.
- The VA faces challenges in providing access to returning service members, who may face long wait times for appointments, particularly in facilities resourced primarily to meet the demands of older veterans. Better projections of the amount and type of demand among the newer veterans are needed to ensure that the VA has appropriate resources to meet potential demand. These access gaps translate into a substantial unmet need for care. The RAND survey found that only 53 percent of returning troops who met criteria for PTSD or major depression sought help from a provider for these conditions in the past year. The gap is even larger for those reporting a probable TBI: 57 percent had not been evaluated by a physician for a brain injury.
- The RAND study identified gaps in the delivery of quality care. Of those who had PTSD or depression and also sought treatment, only slightly over half received a *minimally adequate treatment* (defined according to the duration and type of treatment received). The number who received *high-quality care* (treatment supported by scientific evidence) would be even smaller.
- The study also identified gaps in the care systems' ability to promote and monitor quality care. In particular, there is room for improvement in the organizational tools and incentives that support delivery of high-quality mental health care.

Reservists Eligibility for VA Benefits

Source: U.S. Department of Veterans Affairs

http://www1.va.gov/opa/publications/benefits_book/benefits_chap08.asp

- Reservists who serve on active duty establish veteran status and may be eligible for the full-range of VA benefits, depending on the length of active military service and a discharge or release from active duty under conditions other than dishonorable. In addition, reservists not activated may qualify for some VA benefits. National Guard members can establish eligibility for VA benefits if activated for Federal service during a period of war or domestic emergency. Activation for other than Federal service does not qualify Guard members for all VA benefits. Benefits generally end the day a reservist or National Guard member separates from the military.

Negative Consequences from Not Treating PTSD, Depression, and TBI

Source: *Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans*, RAND Center for Military Health Policy Research, 2008

<http://www.rand.org/multi/military/veterans.html>

- Unless treated, PTSD, depression, and TBI can have far-reaching and damaging consequences. Individuals afflicted with these conditions face higher risks for other psychological problems and for attempting suicide. They have higher rates of unhealthy behaviors—such as smoking, overeating, and unsafe sex—and higher rates of physical health problems and mortality. Individuals with these conditions also tend to miss more work or report being less productive. These conditions can impair relationships, disrupt marriages, aggravate the difficulties of parenting, and cause problems in children that may extend the consequences of combat trauma across generations.

Panel 3: Strategies and Programs To Address the Behavioral Health Needs of Active Duty, National Guard, Reservists, Veterans, and Their Families

Key Questions:

- 1. What is the Department of Veterans Affairs (VA) doing to respond more effectively to veterans with post-traumatic stress disorder (PTSD)? What is the VA doing to improve claims processing and address the needs of women, minorities, and other specific populations?**
- 2. What is the focus of the SAMHSA initiative regarding military families?**
- 3. What is involved in the Presidential Initiative called *Strengthening Our Military Families: Meeting America's Commitment*?**
- 4. What is being done to learn more about behavioral health issues involving the military and their families and develop effective strategies and programs to help?**
- 5. Are there any programs in place to prevent the behavioral health issues associated with the hardships of military deployment?**
- 6. Are there programs focusing on service members and veterans to prevent substance use? How about suicide prevention?**
- 7. Are there treatment programs in place for veterans with co-occurring mental health and substance use disorders?**

Department of Veterans Affairs – Improved PTSD Programs and Services

Source: U.S. Department of Veterans Affairs – National Center for PTSD

<http://www.ptsd.va.gov/public/pages/va-ptsd-treatment-programs.asp>

- As of July 13, 2010, the VA has new regulations on PTSD claims. The VA liberalized the evidentiary standards for corroborating a claimed in-service stressor when a veteran is claiming service connection for PTSD. This modification provides that a veteran's own statements alone may establish the occurrence of the claimed in-service stressor if it is related to a veteran's fear of hostile military or terrorist activity and is confirmed as adequate to support a diagnosis of PTSD; if the veteran's symptoms are related to the claimed stressor in the absence of clear and convincing evidence to the contrary; and provided the claimed stressor is consistent with the place, type, and circumstances of the Veteran's service. The final rule adopting this amendment was published in the Federal Register on July 13, 2010 as 75 FR 39843.

- Each medical center within the VA has PTSD specialists who provide treatment for veterans with PTSD. Plus, the VA provides nearly 200 specialized PTSD treatment programs.

Because the symptoms of PTSD and TBI can mask one another, the VA is now conducting more thorough assessments of veterans to establish a proper diagnosis.

Source: Veteran's Health, Fall 2008 – Integration of PTSD and Substance Use Disorders Treatment

<http://www.va.gov/>

- The Veterans Health Administration (VHA) is strengthening its programs for substance use disorders by adding counselors to PTSD teams at medical centers nationwide, increasing intensive outpatient treatment programs, and conducting specialized training for providers. Under Secretary for Health, Michael J. Kussman, M.D., has approved augmenting PTSD teams with drug and alcohol treatment specialists so that both problems may be addressed more effectively. "This integrated approach puts treatment for PTSD and substance use disorders under one roof and should improve mental health outcomes for patients who suffer from both," says John P. Allen, Ph.D., VHA's Associate Chief Consultant for Addictive Disorders. Professionals assess PTSD patients for substance use disorder and provide treatment in coordination with the PTSD intervention. Treatment will include continuing care and case management for patients suffering both problems and will offer preventive education to veterans with PTSD who may be at risk for developing such problems later.

Department of Veterans Affairs – Mental Health Summit, Claims Processing and Special Programs

Source: Department of Veterans Affairs Performance Report

<http://www1.va.gov/opa/pressrel/docs/Summit.doc>

- The VA and Department of Defense (DoD) hosted a national summit to address the mental health care needs of America's military personnel, their families, and veterans while harnessing the programs, resources, and expertise of both Departments to deal with the aftermath of the battlefield. Participants included mental health experts from both Departments and more than 57 nongovernment organizations. Eliminating the stigma associated with the mental health risks of service in a combat zone is among the priorities of the joint VA-DoD campaign on mental health.

Source: Department of Veterans Affairs Web Site

http://www.va.gov/budget/docs/report/FY2010-VAPAR_SecLetter.pdf

- This past year, the VA has made significant progress in areas important to America's veterans. In an effort to eliminate the claims backlog, the VA processed more than 1 million claims. To combat veteran homelessness, more than 16,000 homeless veterans were provided with permanent housing through our voucher program. To provide timely access to the VA health care, 99 percent of primary health care appointments were completed within 30 days of the patient's desired date (Letter from General Eric Shinseki transmitting the VA 2010 performance report.).

Source: Department of Veterans Affairs Web Site

<http://www.va.gov/>

- The VA provides special programs for minority veterans, women veterans, and homeless veterans.

SAMHSA Strategic Initiative on Military Families

Source: *Leading Change: A Plan for SAMHSA's Role and Actions 2011 – 2014*, page 3 October 2010

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf

- National Guard, Reserve, veterans, and active-duty service members, as well as their families who do not seek care from DoD or VA, do seek care in communities across this country, particularly from State, Territorial, local, and private behavioral health care systems. These groups are the focus of SAMHSA's Military Families Strategic Initiative. As the Federal agency with the mission to reduce the impact of mental illnesses and substance abuse on America's communities, SAMHSA will provide support and leadership to improve the behavioral health of the Nation's military families through a collaborative and comprehensive approach to increasing access to appropriate services, preventing suicide, promoting emotional health, and reducing homelessness for military service members, veterans, and their families.

Presidential Initiative Supporting Military Families

Source: Presidential Announcement

<http://www.whitehouse.gov/the-press-office/2011/01/24/presidential-initiative-supports-military-families>

- On January 24, 2011, the White House announced the public rollout of Strengthening Our Military Families: Meeting America's Commitment. The President has made the care and support of military families a top national security policy priority. In May 2010, the President directed the National Security staff to develop a coordinated Federal Governmentwide approach to support military families. This effort will:
 - Enhance the well-being and psychological health of military families;
 - Ensure excellence in military children's education and their development;
 - Develop career and educational opportunities for military spouses; and
 - Increase child care availability and quality for the Armed Forces.
- By harnessing resources and expertise across the Federal Government, the Obama Administration is improving the quality of military family life, helping communities more effectively support military families and, thereby, improving the long-term effectiveness of U.S. military forces.

SAMHSA Programs Supporting Military Families

Source: <http://www.samhsa.gov>

- The Access to Recovery (ATR) program facilitates development of State vouchers to centralize assessments and referrals for recovery support services.
- The Recovery-Oriented Systems of Care (ROSC) program helps local communities develop and deliver integrated services that build on the personal responsibility, strengths, and resilience of individuals, families, and communities to achieve sustained health, wellness, and recovery.

- The Recovery Community Services Program (RCSP) funds grassroots community organizations to support recovery services that help people initiate and/or sustain recovery from alcohol and drug-use disorders. Some RCSP grant projects also offer support to family members of people needing or seeking treatment or those currently in recovery.
- The Health Care for the Homeless program includes grantees who are serving veterans.
- Assertive Adolescent Family Treatment(AAFT) grants include grantees who are reaching out to adolescents of military families. In its grant announcement, SAMHSA strongly encouraged all applicants to consider the unique needs of adolescents in military families and families of returning veterans in developing their proposed project.

Research Underway Related to Trauma, Stress, and Substance Use Among Veterans and their Families

Source: Substance Abuse among the Military, Veterans, and their Families - A Research Update from the National Institute on Drug Abuse, National Institute on Drug Abuse, *Topics in Brief*, July 2009

<http://www.nida.nih.gov/tib/vet.html>

- To gain a fuller understanding of these burgeoning issues, the Millennium Cohort Study—the largest prospective study in military history—is following a representative sample of U.S. military personnel from 2001 to 2022. Early findings highlight the importance of prevention in this group, given the long-term effects of combat-related problems and the ensuing difficulties experienced in seeking or being referred to treatment, likely because of stigma and other real and perceived barriers. To fill this need, a host of government agencies, researchers, public health entities, and others are working together to adapt and test proven prevention interventions, as well as drug abuse treatments, for potential use with military and veteran populations and their families.
- While the National Institute on Drug Abuse (NIDA) is striving to expand its portfolio of research related to trauma, stress, and substance use and abuse among veterans and their families, a number of promising projects are already being funded. These include studies on smoking cessation and PTSD, behavioral interventions for the dually diagnosed, substance use and HIV progression, and virtual reality treatment of PTSD and substance abuse. Additionally, NIDA’s National Drug Abuse Treatment Clinical Trials Network (CTN) is developing, in conjunction with researchers from the VA, a protocol concept on the treatment of PTSD/substance use disorder in veteran populations.
- Further, efforts are underway to make it easier for veterans to access treatments. Research on drug courts, for example, is now being applied to developing courts for veterans, the former having demonstrated their effectiveness in addressing nonviolent crimes by drug abusers and ushering them into needed treatment instead of prison. Because the criminal justice system is a frequent treatment referral source for veterans, such specialized courts may give them the opportunity to access the services and support they may not otherwise receive. While New York has the only court that exclusively handles nonviolent crimes committed by veterans, other States are considering establishing such courts.

Source: Walter Reed Army Medical Center

<http://www.dvbic.org/Locations/Activities/Walter-Reed-AMC,-DC--Local-DVBIC-Activities.aspx>

- The Walter Reed Army Medical Center is conducting a study called *Traumatic Brain Injury and Substance Use Disorders Among Injured Soldiers*. The purpose of this pilot study is to evaluate the extent and timing of the relationship between recent TBI and substance misuse among injured service members.

Source: Millennium Cohort Study

<http://www.millenniumcohort.org/aboutstudy.php>

- The Millennium Cohort Study is the largest prospective health project in military history. It is designed to evaluate the long-term health effects of military service, including deployments. DoD recognized after the 1991 Gulf War that there was a need to collect more information about the long-term health of service members. The Millennium Cohort Study was designed to address that critical need, and the study was launched by 2001.

Prevention Related to Military Deployment

Source: Saving Military Families, Captain Gene Thomas Gomulka, U.S. Navy, Retired, Military Review, January-February, 2010

<http://web.ebscohost.com/ehost/detail?hid=22&sid=71df52d3-05bc-421e-9bc0-09bef85e7f9b%40sessionmgr14&vid=1&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d>

- The Yellow Ribbon Program, conceived by Major General Larry Shelito and Chaplain John Morris, trains personnel and families to deal with deployments through (1) family prep academies—60 days before deployment, (2) family readiness academies for family members—30–60 days before service members return from deployments, and (3) reintegration training events after deployments for service personnel and their families.
- To be successful, predeployment and postdeployment programs need to help service and family members express their feelings. *The Survival Guide for Marriage in the Military*, used in the Beyond the Yellow Ribbon Program, provides topics that stimulate discussion among married couples. This program is highly successful in reducing relationship problems following deployments. It has become the national model throughout the military.

Air Force Reserve Command Drug Reduction Program

Source: Air Force Reserve Command

<http://www.afrc.af.mil>

- The Center for Substance Abuse Prevention's Center for the Application of Prevention Technologies delivered in August 2010 the Substance Abuse Prevention Specialist Training for Air Force Reserve Command (AFRC) Drug Demand Reduction Program Managers and Drug Testing Program Administrative Managers. The training is customized to reflect both state-of-the-art prevention practice and the unique nature of the AFRC environment. The training provides intense focus on multiple areas of prevention practice, ranging from grounding theory, to practical implementation, to evaluation. Training evaluation results demonstrate that the 2010 AFRC training succeeded in increasing the prevention-related knowledge and capacity of the 19 participating specialists. Plans are underway to deliver the next training in June 2011.

Treatment Program for Veterans with Co-Occurring Mental Health and Substance Use Disorders

Source: Real Warriors in the News

<http://www.realwarriors.net/go/1740>

- The Veterans Inpatient Priority (VIP) project at the Rosecrance Harrison campus offers priority admission to veterans with co-occurring substance use and mental health disorders.

Suicide Prevention Targeting Service Members and Veterans

Source: The National Action Alliance for Suicide Prevention

<http://www.actionallianceforsuicideprevention.org>

- The National Action Alliance for Suicide Prevention recently added a new task force to address suicide prevention efforts for service members and veterans, recognizing them as a high-risk population for suicide. The Action Alliance is a public-private partnership forged in September 2010 to advance the National Strategy for Suicide Prevention.

Panel 4: What Needs To Happen To Address the Behavioral Health Needs of Active Duty, National Guard, Reservists, Veterans, and Their Families

Key Questions:

- 1. How can the care system for post-traumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI) be improved?**
- 2. What are the goals of the SAMHSA strategic initiative on military families?**
- 3. How can the Department of Defense (DoD) and the Department of Veterans Affairs (VA) collaborate to improve programs and services to active and retired military and their families?**
- 4. What resources are available to help organizations and individuals address the behavioral health needs of military families?**

Recommendations for Improving the Care System for PTSD, Depression, and TBI

Source: Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans, RAND Center for Military Health Policy Research, 2008

<http://www.rand.org/multi/military/veterans.html>

- *Increase and improve the capacity of the mental health care system to deliver evidence-based care.* There is substantial unmet need among returning service members for care of PTSD and major depression. DoD, the VA, and providers in the civilian sector need greater capacity to provide treatment, which will require new programs to recruit and train more providers throughout the U.S. health care system.
- *Change policies to encourage more service members and veterans to seek needed care.* Many who need care are reluctant to seek it. Service members and veterans need ways to obtain confidential services without fear of adverse consequences.
- *Deliver evidence-based care in all settings.* Providers in all settings should be trained and required to deliver evidence-based care. This change will require implementing systems to ensure sustained quality and coordination of care and to aid quality improvement across all settings in which service members and veterans are served.

- *Invest in research to close knowledge gaps and plan effectively.* Medical science would benefit from a deeper understanding of how these conditions evolve over time among veterans as well as of the effect of treatment and rehabilitation on outcomes. The United States needs a national strategy to support an aggressive research agenda across all medical service sectors for this population.

Goals of SAMHSA Strategic Initiative on Military Families

Source: *Leading Change: A Plan for SAMHSA's Role and Actions 2011 – 2014*, page 3, October 2010

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf

- **Goal 3.1:** Improve military families' access to community-based behavioral health care through coordination with TRICARE, DoD, or Veterans Health Administration services.
- **Goal 3.2:** Improve quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs and culture of military families.
- **Goal 3.3:** Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health.
- **Goal 3.4:** Develop an effective and seamless behavioral health service system for military families through coordination of policies and resources across Federal, national, State, Territorial, local, and Tribal organizations.

Collaboration between DoD and the VA and Involvement of the Nonprofit Sector

Source: *The Imperative of a New Approach to Warrior and Veteran Care*, Center for a New American Security, January 2010

http://www.cnas.org/files/documents/publications/CNAS_AmericasDuty_Berglass_0.pdf

- DoD and the VA should institute a comprehensive interagency continuum-of-care model that establishes and enforces clear paths of communication and collaboration within and between the two departments. The departments should work together to set joint, consistent standards for addressing warrior and veteran needs; identify, plan, and source programs and services that address all points along the continuum of need; and invest in strategic partnerships with outside agencies. Other governmental departments and agencies that serve military constituents and that have a presence in communities to which veterans return should also be integrated as stakeholders in the effort.
- Meeting the needs of service members and veterans is a proposition that far exceeds the current capacities of DoD and the VA. Both must prioritize and find effective ways to partner with nonprofit players and capitalize on the resources they have to offer.

Resources for Behavioral Health Needs of Military Families

Veterans Suicide Prevention Hotline

1-800-273-TALK, Veterans Press 1

<http://www.suicidepreventionlifeline.org/Veterans/Default.aspx>

The Department of Veterans Affairs' (VA) [Veterans Health Administration \(VHA\)](#) has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline. Veterans can call the Lifeline number, 1-800-273-TALK (8255), and press "1" to be routed to the Veterans Suicide Prevention Hotline.

National Center for PTSD

<http://www.ptsd.va.gov/index.asp>

The National Center for PTSD within the VA aims to help U.S. veterans and others through research, education, and training on trauma and PTSD.

The National Child Traumatic Stress Network – Military Families Knowledge Bank

<http://mfkb.nctsn.org/cwis/index.php>

The Military Families Knowledge Bank on this Web site provides many useful resources to assist military families.

A Handbook for Families & Friends of Service Members

<http://store.samhsa.gov/product/SMA10-EMLKITM>

Created as a companion to the PBS series "This Emotional Life," *A Handbook for Family & Friends of Service Members* explores the stressors and feelings individuals may encounter throughout the different phases of deployment. The handbook aims to provide solutions for service members and identifies outside tools and resources that may be useful to friends and family members before, during, and after deployment. Topics, including what to expect during deployment and skills to strengthen or repair relationships, were designed to help service members and their friends and families to develop skills to become more resilient throughout deployment.

Practical Approaches to Effective Family Intervention After Brain Injury

http://journals.lww.com/headtraumarehab/Abstract/2010/03000/Practical_Approaches_to_Effective_Family.6.aspx

Rehabilitation professionals have become increasingly aware that traumatic brain injury has a long-term adverse effect on family members as well as on survivors. Family members often have a critical supporting role in the recovery process, and researchers have identified a relationship between caregiver well-being and survivor outcome. Drawing from the fields of family therapy, cognitive-behavioral therapy, and individual psychotherapy, this article provides information to help clinicians effectively serve families. First, historically important and widely cited publications are reviewed and their implications for practice are discussed. Recommendations for developing successful therapeutic alliances are provided, along with a rationale for their importance. Descriptions of common challenges and issues faced by families are presented, along with corresponding therapeutic goals. Intervention principles and strategies, selectively chosen to help family members achieve therapeutic goals, are discussed. The article concludes

with a presentation of ideas to help practitioners and systems of care more effectively help family members adjust and live fulfilling lives.

A Guide to Guidelines for the Treatment of PTSD and Related Conditions, *Journal of Traumatic Stress*

<http://onlinelibrary.wiley.com/doi/10.1002/jts.20565/abstract>

In recent years, several practice guidelines have appeared to inform clinical work in the assessment and treatment of posttraumatic stress disorder. Although there is a high level of consensus across these documents, there are also areas of apparent difference that may lead to confusion among those to whom the guidelines are targeted—providers, consumers, and purchasers of mental health services for people affected by trauma. The authors have been responsible for developing guidelines across three continents (North America, Europe, and Australia). The aim of this article is to examine the various guidelines and compare and contrast their methodologies and recommendations to aid clinicians in making decisions about their use.

Real Warriors, Real Battles, Real Strength

<http://www.realwarriors.net>

The Real Warriors Campaign is an initiative launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) to promote the processes of building resilience. Their Web site includes resources on psychological health, TBI, suicide prevention, and postdeployment resources.

IAVA

<http://iava.org/content/health>

Iraq and Afghanistan Veterans of America (IAVA) is the Nation's first and largest group dedicated to the troops and veterans of the wars in Iraq and Afghanistan, and the civilian supporters of those troops and veterans. IAVA's mission is to improve the lives of Iraq and Afghanistan veterans and their families. IAVA's Community of Veterans is the first and only online social network exclusively for Iraq and Afghanistan veterans.

The Program for Anxiety and Traumatic Stress Studies

<http://www.patss.com/>

The Program for Anxiety and Traumatic Stress Studies is a specialized program within Weill Cornell Medical College's Department of Psychiatry. Led by JoAnn Difede, Ph.D., a pioneer in the field of anxiety disorders, the Program for Anxiety and Traumatic Stress Studies offers a state-of-the-art approach to patient care that brings innovation to tried-and-true therapeutic techniques.

U.S. Department of Veterans Affairs Vet Center

<http://www.vetcenter.va.gov/>

The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam-era vets were still experiencing readjustment problems. Vet Centers are community based and part of the U.S. Department of Veterans Affairs.

Coming Home Project

<http://www.cominghomeproject.net/>

The Coming Home Project is a nonprofit organization devoted, since 2006, to providing compassionate expert care, support, education, and stress management tools for Iraq and Afghanistan veterans, service members, their families, and their service providers.

Health Promotion, Risk Reduction, and Suicide Prevention

http://usarmy.vo.llnwd.net/e1/HPRRSP/HP-RR-SPReport2010_v00.pdf

This is a major resource guide produced by the U.S. Army to address behavioral health issues, strategies for reducing health risks, and resources related to suicide prevention.

STOMP—Specialized Training of Military Parents

<http://www.stompproject.org/>

With a population of 1.5 million active-duty military members each day around the globe, there are an estimated 540,000 active-duty sponsors each caring for a family member with special medical or educational needs. STOMP is the only National Parent Training and Information Center for military families, providing support and advice to military parents without regard to the type of medical condition their child has.

National Military Family Association

<http://www.militaryfamily.org/>

The National Military Family Association supports military families, speaking up on behalf of military families and empowering husbands, wives, and children to understand and access their benefits. Based on input from members, the association meets the needs of service members and their families with insightful recommendations, innovative programs, and grassroots efforts to better the quality of life for military families.

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of DATE. However, we acknowledge that web site URL's change frequently and may require ongoing link checks for accuracy.

Last Updated: 03/04/2011