VETERAN MENTAL HEALTH NEEDS: FACTS, SERVICES, AND RESOURCES

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Currently 22.3 million living Veterans in USA

Total number of living Veterans peaked in the early 1980s (28.5 million)

10-year projection predicts 18.9 million in 2022.
MORE ON VETERANS

- Largest group is Vietnam era
- Numbers of female veterans rising (now apx. 9% in MH; active duty 15%)
- WWII and Korean Veteran cohorts are aging quickly
NEWLY RETURNING VETERANS

- Veterans returning from Iraq and Afghanistan
- Common for them to have already served several tours
- Dealing with Post-Deployment readjustments of all kinds
PRE-EXISTING ISSUES

- Uncertain deployment duration
- Rushed pre-deployment marriages or life decisions
- Other stressors already existing related to work or family
- Pre-existing mental health issues
DEPLOYMENT ISSUES

- Constant threat to life
- Prolonged separation from loved ones and normal life
- Job stress (long hours, fast pace, few personal boundaries, uncertainty)
- Financial stresses
- Demanding physical environment
POST-DEPLOYMENT ISSUES

- Returning to non-military life
- Family/Home environment has changed
- Problems with relationships, work, etc.
- Awareness that re-deployment is likely
- Psychiatric symptoms (PTSD, depression, substance abuse, severe illnesses)
WHAT VETERANS NEED

- Recovery from physical and mental conditions
- A functional family, stable work and finances
- Assistance with general Post-Deployment reintegration
MENTAL HEALTH NEEDS
TOP 5 CONDITIONS

- Adjustment Reaction (PTSD)
- Depressive Disorders
- Mood Disorders
- Neurotic Disorders
- Substance Abuse Disorders
"POLYTRAUMA"

- Physical and Mental injuries that present with complicated issues.
- Technology allows for higher survival rate, but TBI and other injuries still occur.
ACCESSING CARE FOR VETERANS
Many “Veteran” Agencies

- Federal Department of Veterans Affairs (DVA)
  - Veterans Health Administration (VHA)
  - Veterans Benefits Administration (VBA)
  - National Cemetery Administration (NCA)
- State Department of Veteran Affairs (e.g., ODVA, Veteran homes)
- Regional or city government departments
- TriCare (Dept. of Defense healthcare)
- Non-profit organizations such as Veteran Service Organizations (VSO)
VETERAN SERVICE ORGANIZATIONS (VSO)

- Forty-six chartered VSOs
- Many other non-chartered groups
- Mission is to support and help Veterans (file claims, scholarships, information, advocacy)

Examples:
- American Legion
- Veterans of Foreign Wars (VFW)
- Wounded Warrior Project*
- Disabled American Veterans (DAV)
WHO ACCESSES VHA CARE?

- Must be enrolled
- Almost any Vet eligible for VA services, but most would have to pay or use personal insurance.

- Low income and those with “service connected” conditions get free care
- Others conditions allow for services
Not all Veterans seek services through Federal VA
- 8.7 million enrolled in system (39%)
- 5.4 million receive VA healthcare. (62%, 24%)
- 1.4 million receive mental health care at VA (25%)
Healthcare is only part of the picture for vet services

- Health Care
- Home Loans
- Education & Training Benefits
- Burial Benefits
- Life Insurance

- Vocational Rehabilitation & Employment
- Dependents and Survivors Benefits
- Disability Benefits
## Disability Compensation Rates (2013)

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<th>Disability Rating</th>
<th>Monthly Benefit</th>
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MENTAL HEALTH RESOURCES FOR VETERANS THROUGH THE VHA
MYTHS ABOUT VETS AND MH

 “All Vets struggle with mental health issues”

 “Only Veterans who have been in combat can develop Post Traumatic Stress Disorder”

 “The military discourages soldiers from seeking mental health care.”

 “The VA healthcare system provides sub-par mental health care for Veterans.”
NATIONALLY ORGANIZED VA RESOURCES

- **Hotlines**
  - Suicide: 1-800-273-8255 (TALK)
  - Homelessness: 1-877-424-3838

- **Regional VA Centers**
  for TBI, transplant, rehab, etc.

- **Regional Centers of Excellence**
Over 150 facilities nationwide

Different Sizes/complexities

Community based outpatient clinics (CBOC) associated with most facilities

Services may include inpatient, urgent care, residential, and outpatient services
“INTEGRATED CARE”
(MENTAL HEALTH AND PRIMARY CARE)

- Promoted at all VAs
- Embedded MH providers, offering quick responses to basic MH needs.
- Episodic MH relationship with Veteran
STANDARD MENTAL HEALTH SERVICES

- Medication management
- Group and individual therapy
- Case Management of persistent conditions
- Assessments
SPECIALTY PROGRAMS

- Substance use disorder (SUD) treatment
- PTSD programs
- Homelessness services
- Vocational Rehabilitation
- Recovery programs (for SPMI)
SERVICES FOR THE AGING VETERAN

- Challenging concerns:
  - Mental Health Treatment
  - Housing or placement
  - Cognitive issues/dementia
  - Caregiver distress
VET CENTERS

- “Storefront” clinics focusing on trauma
- Built-in firewall between Vet Centers and VAs
- Primarily offer counseling services
The VA may purchase care in the community for Veterans as appropriate. Examples:
- Type of service not offered at the local VA but clearly indicated for Veteran
- Veteran location makes it unreasonable to come to closest clinic
- Clinical needs of the area overwhelm the local clinic
- Special cases deemed appropriate for purchased care
“Service Members, Veterans, and their Families Technical Assistance Center”

Helps states develop effective, responsive behavioral health systems

Process: public/private collaboration among federal, state, territorial, tribal, and local agencies.

http://www.samhsa.gov/MilitaryFamilies/tacenter/
RECOMMENDATIONS

- Get to know your local Veteran Service Officer
- Learn about processes for enrollment in VA system
- Learn how Veterans can access MH care at the VA in your community
- Learn about other agencies in the community that help Veterans
FINAL THOUGHTS