

# **Needs, Access and Treatment Issues in Addressing PTSD and Brain Injury in the Reserve Component: Promoting Readiness and Resilience**

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# **NEEDED...**

**A comprehensive approach to the  
growing needs of Reserve  
Component Members and their  
families**

# The Reserve Component Defined

- Each Armed Service has a Reserve
- The National Guard is a state agency unless it is federalized
  - Army Guard (@350,000)\*
  - Air Guard (@105,000)\*
- Taken together, the Reserve and Guard comprise the Reserve Component

\* Congressional Research Service/Library of Congress. National Guard Personnel and Deployments: Fact Sheet. Order Code RS22451. Updated January 17, 2008.

# Total Service Members Who Have Deployed to OEF/OIF Since 9/11/01 by Component (Defense Manpower Data Center 12/31/2010)

Reserve Component	Total Service Members	%
Army National Guard	279,682	46%
Air National Guard	71,042	12%
Army Reserve	141,312	23%
Coast Guard Reserve	1,044	0.20%
Air Force Reserve	40,926	7%
Marine Reserve	40,098	7%
Navy Reserve	28,468	5%
Entire RC	602,572	100.20%

# Active vs. Reserve Components (Just a Few of the Differences)

- Always on Active Duty
- Always federal
- Lives on or near military base
- Most medical care through military
- Deploys as a unit
- Family deeply entrenched in military culture
- Sometimes on Active Duty
- Sometimes federalized
- Lives in home community
- Most medical care through the community
- May deploy individually
- Family not necessarily entrenched in military culture

# A Few Other Key Comparisons

- Both have significant rates of deployment
- Increasingly similar training and missions
- Smaller force yet similar numbers of RC OEF/OIF Veterans coming to VA (47%)
- Rate of suicide among Active Duty Component is leveling off but continues to climb among Reserve Component
- Reserve Component (including family members) has less access to health services or community support



# 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



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

- At PDHA, AD Soldiers hit the cut-off of 3 or higher on the 4 point PC-PTSD Screen at roughly the same rate (**6.2% AD vs. 6.6% RC**) *but*;
- By PDHRA **9.1%** of AD and **14.3%** of RC scored 3 or higher
- The rate of new positive PTSD screens was accelerating in RC by PDHRA- *but why?*

# Why Might Reserve and Guard (RC) Members be at Greater Risk than Active Duty (AD) Soldiers?

- AD have ready access to healthcare but RC DoD health benefits (TRICARE) expire at 6 months post deployment
  - More than half of RC soldiers were beyond 6 months out by PDHRA
- Because special VA benefits end 5 years after separation, the need to secure ongoing VA healthcare may push RC to report sx
- RC lacks day-to-day support from war comrades
- RC faces added stress of transition back to civilian employment

# Targeting RC Health Needs

- Enhance and integrate existing federal, state and community health and support systems
  - Behavioral Health
  - Primary Care
  - Dental Health
  - Brain Injury
  - Rural Health
- A Public Health Approach focused on prevention and resilience

# Public Health Model

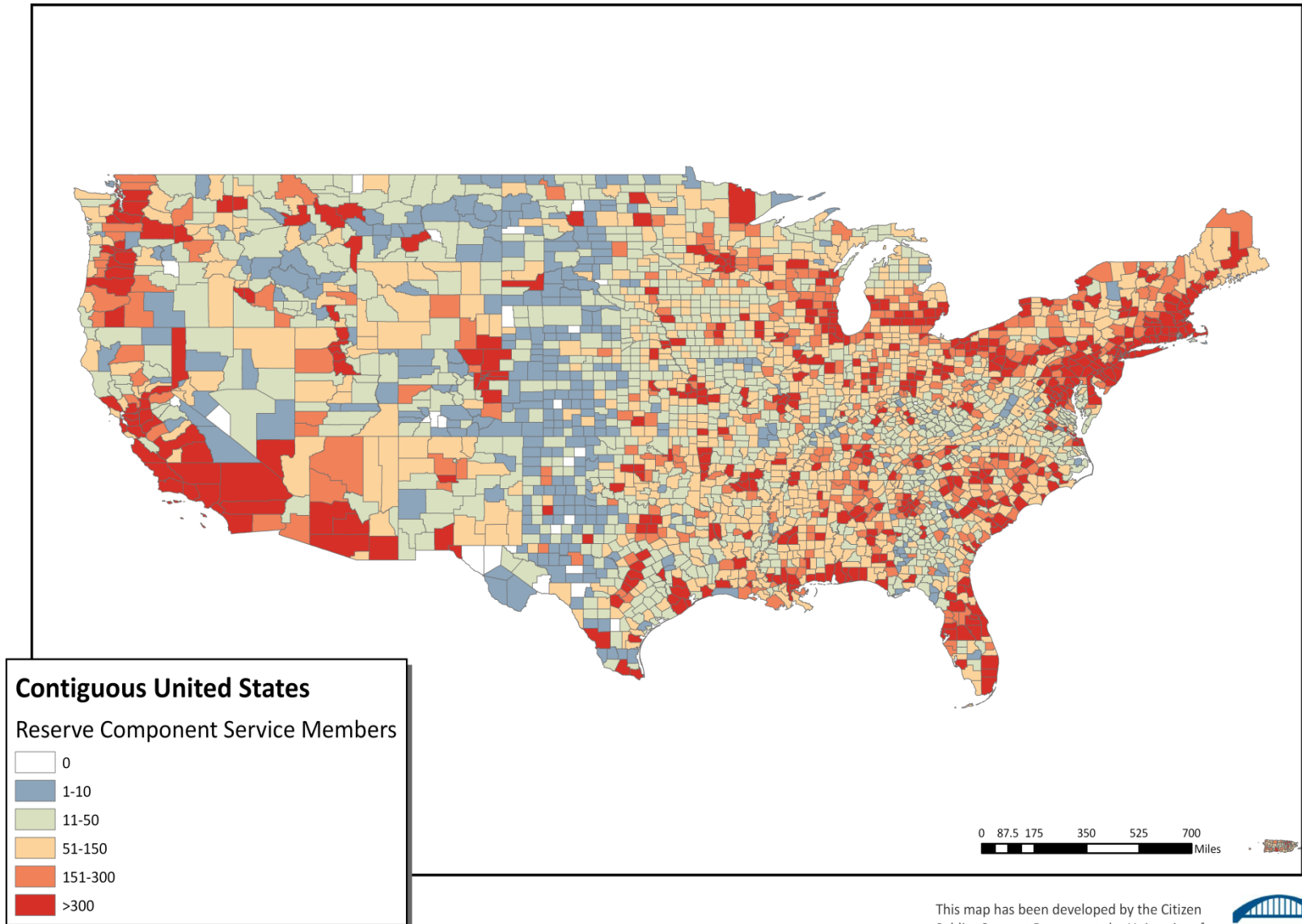
- Most War Fighters/Veterans will *not* develop a mental illness [or suffer a brain injury] but all War Fighters/Veterans and their families face important readjustment issues
- This population-based approach is less about making diagnoses than about helping individuals and families retain/regain a healthy balance despite the stress of deployment
- The public health approach 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

## Number of RC Service Members Deployed to OIF/OEF since 9/11/2001 by Home of Record County

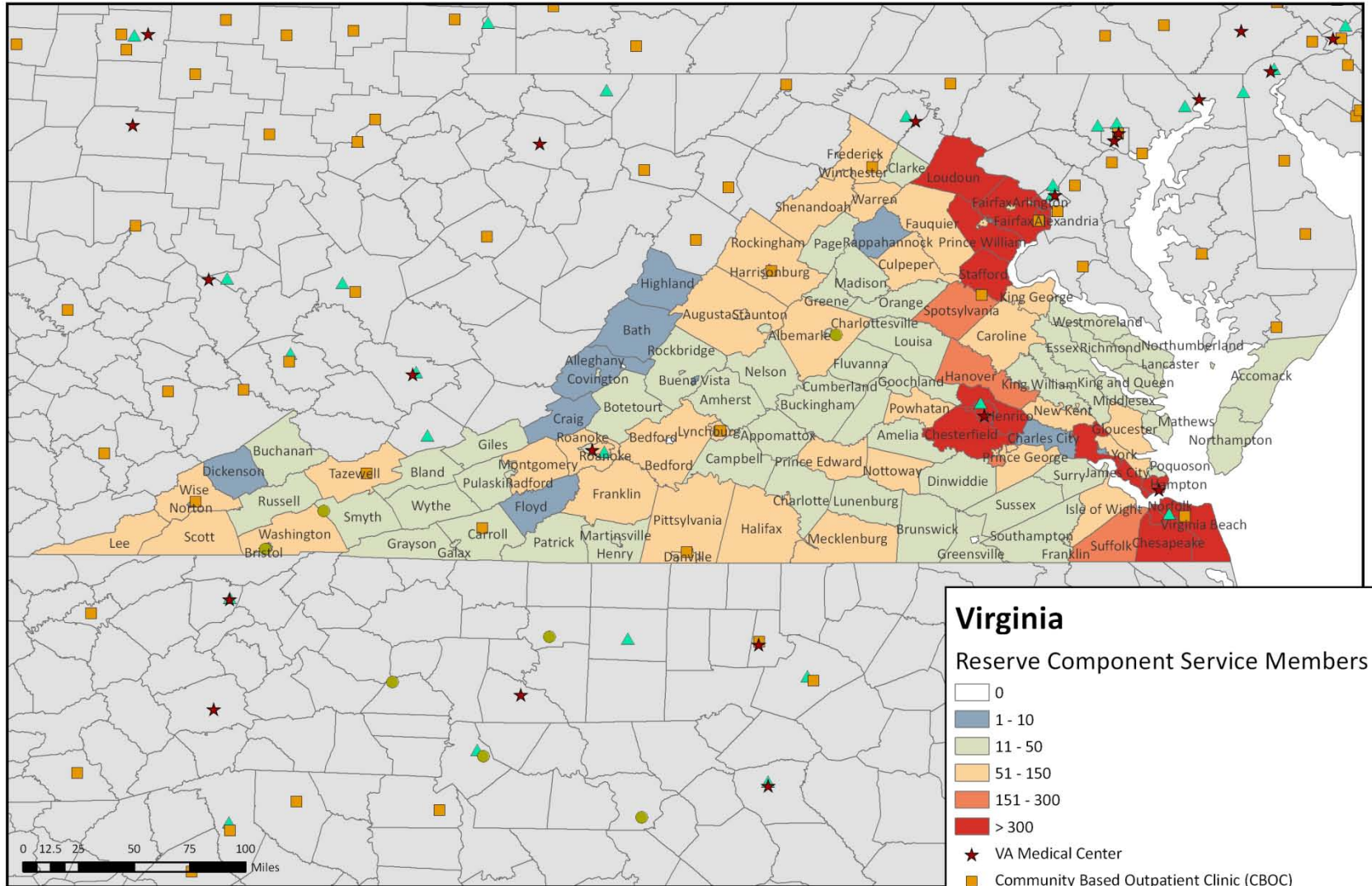


Source: Defense Manpower Data Center, as of 12/31/10

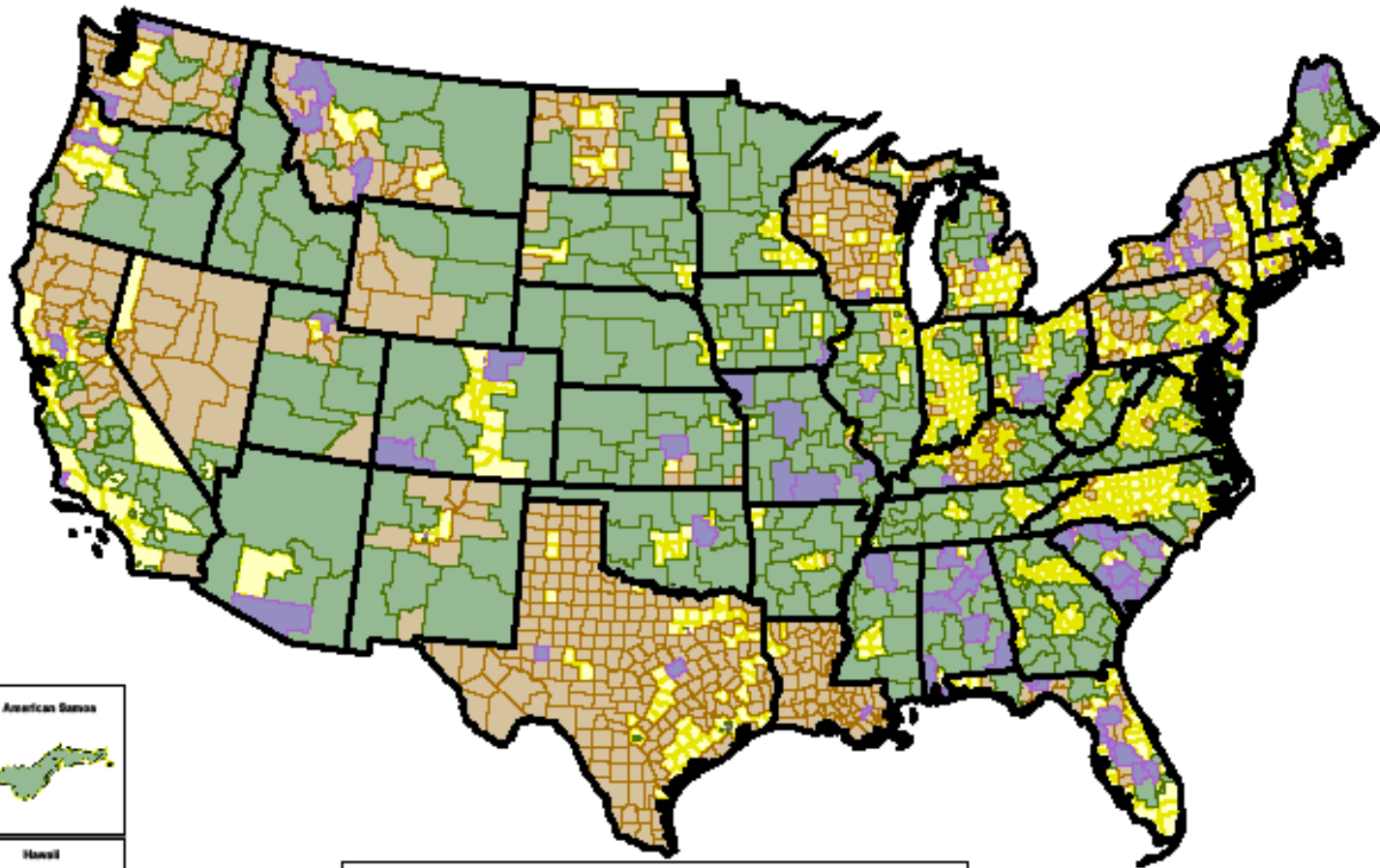
This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill and may not be distributed without written permission.



# Number of Reserve Component Service Members Deployed to OIF/OEF since 9/11/2001 by Home of Record County



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**Legend**

**Health Professional Shortage Areas - Mental Health**

**HPSA\_TYP\_DESC**

- Geographical Area
- Population Group
- Single County
- Not Mental Health Care HPSA



# Beyond the DoD/VA Continuum: Partnering with States and Communities

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

- Upstate New York
- Washington State
- Ohio
- Arizona
- Alabama
- Colorado
- Vermont
- Rhode Island
- Oregon
- Oklahoma
- Minnesota
- Texas
- Missouri
- New Mexico
- Virginia
- Maryland
- American Samoa
- Puerto Rico
- Other states and territories?



# Advantages of Working at State and Community Levels

- May enhance **access** for RC Members, Veterans and family members
- May enhance **quality** of services RC Members, Veterans and family members receive in the community



# Advantages of Working at State and Community Levels

- National Guard programs organized at state level
- Each state has its own Veterans Service program
- Builds a system of interagency communication and coordination that may serve well at times of disaster

# Collaborating with the Commonwealth

- Virginia Wounded Warrior Program
  - VWWWP and VISN 6 RH connected from start!
  - Virginia Needs Assessment provides a “roadmap” for VISN 6 RH development
    - Captain Wilson and Dr. Kudler collaborated on a presentation on the Virginia Needs Assessment at the 2010 Annual Meeting of the International Society for Traumatic Stress Studies
  - VWWWP Regional Coordinators serve as the VISN 6 RH Team’s points of entry into rural communities across Virginia

# Working with the Virginia Rural Health Association

- All VISN 6 Rural Health Teams represented at Annual Meeting in Staunton, VA December 9-10, 2010
  - Highlighted 6 key focus areas including Veterans' Health
    - Veterans Health to be a focus in the 2011 meeting as well
  - VWWP Regional Coordinators and VISN 6 RH Teams played key roles in program and coordinated with one another in support of Veterans Issues in development of VRHA Planning Document
- VISN 6 Rural Health Program provides a representative to the VRHA Board to represent Veterans Issues and coordinate with VISN 6

# VA Rural Mental Health Contract

- **Eligible Veterans:**
  - Reside in targeted rural county
    - Appomattox, Brunswick, Buckingham, Charlotte, Lunenburg, Mecklenburg, Nelson, Prince Edward
  - Are either SC for MH or have used VA MH services in past 2 years
  - Volunteer for this enhancement of current services
- **Contract Providers:**
  - Complete VA training
  - Provide clinical notes and coordinate with VA services via secure communications systems
- VISN 6 monitors type, frequency, outcome and quality of tx
- Program funded through FY2011 but may be extended for up to 4 years dependent on ORH and VISN review

# **VISN 6 Rural Connections Knowledge Repository**

- Contract with the Medical University of South Carolina to perform an on-line needs assessment of Rural Community Providers regarding their understanding of/service to Service Members, Veterans and their families
- Partner with VA's National Center for PTSD and Office of Mental Health Services, DoD's Center for Deployment Psychology and the VISN 6 MIRECC to develop new tools, trainings, and resources to meet needs and preferences identified by the survey

# Citizen Soldier Support Program

- Painting a Moving Train
  - [www.aheconnect.com/citizensoldier](http://www.aheconnect.com/citizensoldier)
  - In partnership with VA's VISN 6 MIRECC , NC AHEC and VWWP
  - Over 9,000 community providers and stakeholders have completed trained nationwide
- [www.Warwithin.org](http://www.Warwithin.org) Provider Directory
  - 305 Virginia Providers listed
  - Over 1,200 NC Providers
  - Promoted nationally by Army OneSource



# An Important NC Initiative

- *NC National Guard Integrated Behavioral Health System*
  - Integrated with other NC Governor's Focus programs
  - Reaches out to ALL Service Members, Veterans and families through NC NG Family Assistance Centers
    - Behavioral Health specialists at each site
  - CPRS record system purchased from VA and being developed for state-wide coordination and follow up

# Updating the NC Strategic Plan

- NC IOM Report identifying gaps in services *and* policy
  - <http://www.nciom.org/publications/?honoring-their-service-a-report-of-the-north-carolina-institute-of-medicine-task-force-on-behavioral-health-services-for-the-military-and-their-families>

# In Summary

- There is a need to pioneer a public health approach to the growing needs of National Guard and Reserve Members and their Families
- Within the medical realm, this would enhance access to quality, evidence-based care across military, federal, state and community systems

# BUT...

- The focus must extend beyond traditional medical approaches to address key drivers of resilience
  - Optimize prevention
  - Strengthen family and community systems
  - Reach into educational, employment opportunities and faith-based settings
  - Enhance readiness for future deployments and disaster response

# The Goal

***Transform* the post deployment health system for *all* Service Members, Veterans and their families**

# **The Bottom Line**

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

**QUESTIONS?**