



Caring for Military Service Members' and Veterans' Psychological Health

FORUM SESSION ANNOUNCEMENT

A DISCUSSION FEATURING:

Terri Tanielian

Co-Director

Center for Military Health Policy Research
RAND Corporation

Brigadier General Loree K. Sutton, MD

Director

Defense Centers of Excellence for Psychological Health and
Traumatic Brain Injury
U.S. Department of Defense

Karen Guice, MD

Executive Director

Federal Recovery Coordination Program
U.S. Departments of Defense and Veterans Affairs

FRIDAY, SEPTEMBER 18, 2009

11:45AM–12:15PM—Lunch

12:15PM–2:00PM—Discussion

LOCATION

Reserve Officers Association
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
*(Across from the Dirksen
Senate Office Building)*

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SESSION

Since October 2001, over 1.7 million U.S. troops have been deployed in Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF). These conflicts have exposed troops to extreme psychological stress that increases the risk for developing mental health problems like post-traumatic stress disorder (PTSD) and major depression. In addition, OEF and OIF have required more frequent and longer deployments, with shorter breaks in between, than previous wars. Prevalence estimates suggest that about 14 percent of OEF and OIF veterans meet the criteria for PTSD and 14 percent meet the criteria for major depression.¹ These conditions can have “long-term, cascading consequences” for afflicted individuals, including increased risk for suicide.² In 2008, suicides reached a 28-year high, with 128 active-duty soldiers in the Army committing suicide, up from 67 soldiers in 2004; increases in suicide rates have been found among veterans as well.³

Psychological injuries that are a legacy of combat have been described by some as “invisible wounds of war” because they may go unrecognized and untreated, despite their debilitating nature. These invisible wounds have received considerable attention from the public and policymakers, and several studies have been undertaken to assess the needs of, and evaluate the mental health care resources available to, military service members and veterans. Two major reports were released in 2007: the President’s Commission on Care for America’s Returning Wounded Warriors released *Serve, Support, Simplify: Report of the President’s Commission on Care for America’s Returning Wounded Warriors* and the Department of Defense’s (DoD’s) Task Force on Mental Health published *An Achievable Vision: Report of the Department of Defense Task Force on Mental Health*. In its report, the DoD Task Force acknowledged systemic inadequacy in its provision of mental health care for military personnel:

“DoD’s mental health mission has fundamentally changed. Despite the dedicated work of its members, the current system is not structured to meet these new challenges leaving many psychological health needs unmet. As such the military health care system must be reshaped to support the psychological health of service members and their families.”⁴

The DoD Task Force also called for broad changes to build a culture of support for psychological health, ensure a full continuum of psychological health care, provide and allocate sufficient resources, and empower leadership to make necessary changes. Other reports examining mental health care for military personnel and veterans

from the Government Accountability Office, the Institute of Medicine, and the non-profit RAND Corporation have also identified areas of concern. *The Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*—a RAND study—focused on the care for post-deployment PTSD, depression, and traumatic brain injury among OEF and OIF veterans using data collected between April 2007 and January 2008. That study found unmet need due to long wait times and lack of availability of providers, quality of care problems stemming from insufficient numbers of qualified treatment personnel, and gaps in system-wide application of evidence-based care.⁵

Beginning in 2006, Congress increased funding for health care provided by the DoD and the Veterans Health Administration (VHA, which is part of the Department of Veterans Affairs, or VA).⁶ This funding has been used by the DoD and VHA to implement new mental health screening programs, increase their mental health provider workforce, and make infrastructure changes to address mental health issues.⁷ In November 2007, the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) was created. Through the DCoE, the DoD partners with the VA and others. DCoE's mission is to assess, validate, oversee, and facilitate "prevention, resilience, identification, treatment, outreach, rehabilitation, and reintegration programs for psychological health and traumatic brain injury to ensure the Department of Defense meets the needs of the nation's military communities, warriors and families."⁸

Researchers have found that these additional resources and infrastructure changes have increased access to mental health care for those serving in and veterans of OEF and OIF, but that delivery of care can be further improved.⁹ This Forum session will explore mental health needs of and services for OEF and OIF military service members and veterans, strategies being pursued to improve their access to appropriate mental health care, evidence of improvements that have been made in mental health care delivery, and the challenges that remain.

KEY QUESTIONS

- How are the mental health needs of OEF and OIF service members and veterans being assessed? How prevalent are PTSD and major depression among OEF and OIF service members and veterans?
- What programs, services, and systems of care exist to meet the mental health needs of service members with PTSD and major depression? What are the gaps? What is being done to close those gaps?

- What are the key evidence-based practices in prevention of psychological problems in service members before, during, and after deployment? How are the DoD and the VA implementing these practices?

SPEAKERS

Terri Tanielian, co-director of the RAND Center for Military Health Policy Research, will begin the session with an overview of the prevalence of psychological conditions among OEF and OIF service members and veterans. She will outline the systems of care that exist to serve them and challenges and opportunities for improving that care. **Brigadier General Loree K. Sutton, MD**, is the highest ranking psychiatrist in the U.S. Army and is the founding director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). She will discuss the DCoE's work around prevention, resilience building, and treatment in theater related to PTSD for OEF and OIF service members and veterans. **Karen Guice, MD**, executive director of the Federal Recovery Coordination Program, will conclude with a discussion of her work with severely injured soldiers and the array of supports needed to help OEF and OIF service members and veterans recover and reintegrate.

ENDNOTES

1. Terri Tanielian and Lisa H. Jaycox, Eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, RAND Center for Military Health Policy Research, 2008, p. xxi; available at www.rand.org/pubs/monographs/2008/RAND_MG720.pdf.
2. Tanielian and Jaycox, *Invisible Wounds of War*.
3. Bridget M. Kuehn, "Soldier Suicide Rates Continue to Rise: Military, Scientists Work to Stem the Tide," *JAMA*, vol. 301, no. 11 (March 18, 2009): pp. 1111-1113; available with subscription at <http://jama.ama-assn.org/cgi/content/full/301/11/1111>.
4. Department of Defense, *An Achievable Vision: Report of the Department of Defense Task Force on Mental Health*, June 2007; available at www.health.mil/dhb/mhtf/MHTF-Report-Final.pdf.
5. Tanielian and Jaycox, *Invisible Wounds of War*.
6. M. Audrey Burnam *et al.*, "Mental Health Care for Iraq and Afghanistan War Veterans," *Health Affairs*, vol. 28, no. 3 (May/June 2009): pp. 771-782; available with subscription at <http://content.healthaffairs.org/cgi/content/abstract/28/3/771>.
7. Burnam *et al.*, "Mental Health Care for Iraq and Afghanistan War Veterans."
8. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Web site, available at www.dcoe.health.mil/About.aspx.
9. Burnam *et al.*, "Mental Health Care for Iraq and Afghanistan War Veterans."