



Goal: Expand access to mental health services for Iowa veterans through partnerships and coordination with non-VA primary and behavioral health care providers.

Issue

Mental health related illnesses are affecting our nation's Armed Forces and are an increasing concern among the National Guard and Reserve. Service members are exposed to a continuum of combat and operational stress ranging from a mild adjustment disorder to post-combat high risk behavior or Post Traumatic Stress Disorder (PTSD). As many as 20 percent of veterans serving in Iraq or Afghanistan are estimated to experience PTSD or major depression, and the same percent are estimated to experience a traumatic brain injury (TBI), which is the signature wound of these wars.ⁱ

The Iowa National Guard has made significant contributions to meet the demand for forces and operational support. More than 65 percent currently serving are combat veterans and 2,800 troops are currently on combat duty in Afghanistan, representing the largest call-up of Iowa troops since World War II.

Providing mental health services for the National Guard and Reserve is more difficult than for the active duty because they are geographically removed from military installations and may not have access to mental health services in their communities. Following combat deployment, service members return to their homes in every part of the state. Many live in rural or medically underserved areas.

Veterans often face long drives or distances to access mental health professionals in the Veterans Administration system. While efforts have been made to establish a network of Community-Based Outpatient Clinics (CBOCs) to address veterans' needs, these are not accessible in all of Iowa's rural communities. To make matters increasingly complex, Iowa faces a shortage of behavioral health professionals indicated by 90 counties federally designated as mental health shortage areas.

There are also personal and social barriers to overcome to ensure that service members have ready access to high-quality mental health services. Stigma associated with mental health issues remains pervasive among veterans, military service members, and society as a whole. The unique culture of the military, where individuals are trained to experience stress, danger, violence, and trauma, exacerbates this stigma of mental health related illnesses as a sign of weakness or personal or professional failure. Furthermore, the National Council for Community Behavioral Healthcare reports that only about 300,000 of 800,000 Iraq and Afghanistan war veterans eligible for VA benefits have actually sought care in the VA system, making the need for partnership and coordination with non-VA providers essential.ⁱⁱ

Strategies

The complexities of readjustment to family and community life and trauma experienced by veterans necessitate provider coordination and broader access to behavioral health services. Veterans may seek services through the VA, a local primary care provider, or other provider of choice. Regardless of point of entry for services, the goal is to ensure that all veterans have access to quality behavioral health services. The following strategies are recommended:

- **Utilize the existing network of Community Health Centers and Community Mental Health Centers to expand veterans' access to behavioral health services.** This network offers an opportunity to expand access to behavioral health services and supplement the VA network of medical centers, community-based outpatient clinics, and Vets Centers to rural and under-served areas. A designated VA provider status similar to the process for Federally Qualified Health Centers or a fee-basis service arrangement with the VA would expand access to services.
- **Integrate behavioral health services with primary care.** Embedding solutions to address behavioral health care needs within systems is essential to improving access and coordinating services. Behavioral health services should be at the forefront of planning and implementation of Medical Home and Health Home models. Medical/Health Home principles require a whole person orientation and care coordination/integration with specialists, yet there is an inclination to exclude behavioral health services. Successful models have been implemented in community health centers for integrating primary care and behavioral health. Such models reduce stigma through the seamless delivery of services through a primary care gateway.
- **Provide tools to primary care providers to better serve and refer veterans.** Many of Iowa's veterans receive medical services from their local family practice physician or practitioner. These providers lack the tools and training to identify behavioral health issues unique to veterans. Provider education, screening, and referral tools would allow for greater identification of behavioral health needs, coordination, and referral to VA services as appropriate.
- **Educate and train family members and natural support networks of veterans.** Family members, friends, and other natural support networks are closest to service members, know them, and are therefore most likely to recognize changes. These individuals should be trained and provided resources to refer veterans to mental health services and supports. Such training can include state and nationally offered Mental Health First Aid. Additionally, veterans should be trained to work as peer support specialists to expand capacity and provide one-on-one supports. Peer support, a nationally recognized service by both VA and SAMHSA, is provided by a person who has lived experience in mental health recovery and has received training in effective recovery strategies.

Partners

The following partners participated in the development of these strategies:

- Iowa Commission of Veterans Affairs – Lead
- Iowa Department of Veterans Affairs
- Iowa Department of Human Services
- Iowa Department of Public Health
- Iowa Primary Care Association
- University of Iowa College of Public Health
- Community and Family Resources
- Pathways Incorporated
- State Public Policy Group

Background

In 2008, the Iowa General Assembly required a study of existing veterans benefits and deficiencies. A stakeholder Task Force comprised of veterans, county services officers, commission members, VA representatives, and others recommended more in-depth work on mental health issues, leading to the development of the following recommendations. State Public Policy Group (SPPG) is working with the Iowa Commission and Department of Veterans Affairs to develop plans to implement these recommendations.

Task Force Recommendations

The Iowa Veterans Mental Health Task Force made the following nine recommendations to improve mental health services available to veterans in Iowa.

1. Provide mental health first aid training to county veterans service officers, veterans service organizations, the state Family Readiness Group, first responders, and other veterans stakeholders.
2. Enhance the veterans database by capturing veterans' information through existing state data collection systems.
3. Develop a social marketing and outreach strategy for veterans' behavioral health issues.
4. Advise the law enforcement academy to integrate crisis intervention team training with an emphasis on veterans' issues.
5. Create community-based peer support pilot programs for veterans and their families.
6. Initiate a process to create a jail diversion program for veterans in Iowa.
7. Support efforts to secure a mobile outreach vehicle to serve veterans in Iowa.
8. Establish a state fee basis program for mental health services to serve veterans in their local communities.
9. Develop a veterans screening process that will enable non-VA providers to screen and refer patients as appropriate for military service, substance abuse, mental health issues, traumatic brain injury, and post-traumatic stress disorder.

These issues and recommendations are further described in a Task Force report, along with background information and a description of the process that resulted in these recommendations.

For more information, contact: State Public Policy Group
Jennifer Furler - Vice President of Programs and Services
www.sppg.com | 515-243-2000

¹ Tanielian T and Jaycox LH, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, Santa Monica, Calif.: RAND Corporation, MG-720-CCF, 2008. Web. 28 Mar. 2011.
<<http://www.rand.org/multi/military/veterans.html>>.

ⁱⁱ "Meeting the Mental Health Needs of Returning Veterans in Rural Areas." *National Council for Community Behavioral Healthcare*. Web. 28 Mar. 2011.
<<http://www.thenationalcouncil.org/galleries/policy-file/2008%20Veterans%20Approps%20Fact%20Sheet%20Formatted.pdf>>.

